MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03146

CERTIFICATE OF DEATH

	Reg. Disc., No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Recethodeville	State D. C. County
(If outside city or town limits, write RURAL and give nearest town)	Washington
How long in above place of death? 2 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No. 624 K St., S. E.
Maryland State Reformatory for Males	(If rural, give LOCATION)
How long in hospital or institution? 2 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Therone Austin	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Walla Name Named ad	
Male Negro Married	20. DATE OF DEATH. March 20 19 48 217:02 A.
8.(b) Name of husband or wife Beatrice Gill Austin	21. I CERTIFY that death occurred on the date above staled; that I attended deceased from
	3-19 1948 10 3-19 1948
7. Dirth date of	and that I last saw h alive on 3-18-48 19
deceased (mo., day, yr.) August 1, 1920	Immediate cause of death Tulurulous DURATION
8. AGE: Years Months Days If less than one day	2
27 7 19hrsmin.	a pulmoration
	D. personus, 115
9. Birihplace	Due to
Laborer Laborer	
to. Usual occupation.	Due to
t1. Industry or business	
E 12 Name Raymond Austin (Deceased)	Other conditions
Consh Complian	
	(Include pregnancy within 3 months of death)
Unknown (Rena Austin) 15. Birthplace South Carolina	Major lindings of operations
South Carolina	
Tes Contribution	Date of op.
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	
- Bureal 3(22) 48	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cametery or crematory Woodlaw Comutery	Where did injury occur?
71501 - FE1. CC	
Location	Injured at home, farm Industry, public place (where?)
16. Funeral director A Table Office O	Means of injury Injured at work?
SI CORRESPONDE MAIN.	D1 + T1 10
Address	23. SIGNATURE Covery 7. 16adle
Mar. 20 Lety Jelly William	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 3 70

UNFADING INK. Supply every item of information carefully. The Stant. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNF is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82



03147

CERTIFICATE OF DEATH

Reg. Dist. No. 302-

How long In above p Hospital, institution 519 We	Washi	Mary Mary Life Life death occurred	Street	State Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 519 West Washington Street (If rural, give LOCATION)
3. (a) FULL N				3. (b) Social Security Number
		otte	Zinkand Barron	214-09-7210
4. Seл	5. Color or race	8.(a)Singl	Zinkand Barron e, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White	Wi	dow	20. DATE DF DEATH March 2 19 48 21 11:15
	4		c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 42 19 10 19 48 and that I last saw h
	fears Months	Days	If less than one day	Immediate vause of death DURATION
(51 10	16	hrsmin.	Transverse mystetes 24 1
10. Usual occupat	ion	maker	state)	Due to.
13. Birthplace	Andrew J. Hagersto	wn, M	aryland	Diher conditions de deculata teleces Mela Artes (Include pregnancy within 8 months of death)
14. Malden m	Emma William	Ensmi sport	nger , Maryland n	Major findings of operations
16. Informant	Richard Hagerstow			Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
			7eol 3-6-48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
			emetery	Where did injury occur? (City or town) (County) (State)
Location	Hagerstow	n, Ma	ryland	tnjured at home, tarm, industry, public place (where?)
18. Funeral direct	or C. M. Su	iter &	Sons	Masns of Injury Injured at work?
Address	Hagersto	wn, M	laryland /	W. Taymon, Mg.
19 Mars (Date rec'd b	4. 1948 by registrar)	fred	reff Boevers Registral	23. SIGNATURE Address Hoge Aber no Dath signed Many 194

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County galingtan	State Many Lound County Washing tax
City or town (If outside city or town limits, write RURAL and give nesrest town)	101
How long in above place of death?	City or town (If sotside city or town limits, write RURAL and give necrest town)
Hospilal, institution, or street address where death occurred:	Street No. 101 - Smithshing # 2
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) It veterae, name war.
3, (a) FULL NAME	
lange Martini. Beck.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	
D COLO DI	20. BATE OF DEATH 20 19 4 5 A M
B. (b) Name of motions or wite Reves Elizabeth Bick.	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
7. Right date at	Mar 13 1846
7. Birth date of deceased who. day yf. 97 3-21-1887	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Le direction of Land Station I deman
60 // 22hrsmln.	A section of the sect
9. Birthplace Cavitoron. sud	Oue to Lapo est esseist Card to 7 mass
(Town, county, and state)	Maddagar of is east
To, water occupation	Oue to.
11. Industry or business	
12. Name David Blok.	Other conditions
MI 8 20 7	(Include pregnancy within 3 months of death)
14. Maiden name Susany Multin	Major fiedings of operations
2 15. Birthplace Blan Convetorer und	Date of op.
18. Informant Rena. Elizabeth. Brok.	Actopsy results
Address Smithslewy and	PHYSICIAN: Please enderline the cause to which death should be charged statistically.
17. Burial Bale thereot 3-16-1947 (Borial, cremation, or ramoval Which) (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
1	Accident, suicide, or homicide
Cemetery or crematory Juntala Jung	Where did injury occur? (Oity or town) (County) (State)
Location Suitherburg mil	lojured at home, farm, industry, public place (where?)
18. Funeral director Law BOHOwer	Means of Injury Injured at work?
Address Switcheling mel	
Man 13 11 lb-11 7	23. SIGNATURE M. D. or other
(Date rec'd by registrer)	Address maths burg Date stoned 3/13/45



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MAR 20 1948

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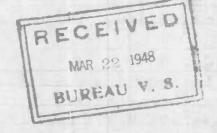
MARYLAND STATE DEPARTMENT OF HEALTH

1600 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03149

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For sewbore is facts give residence of mother)
	State Mary 2Nd county Washington
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town R (If outside city or town limits, write RURAL and give ocarest town)
How long in above place of death?	Sireet No. Stay Route.
Washington County Hospital	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
tern Olleze T3: sho	P
	MEDICAL CERTIFICATION
Female White Infant	20. DATE OF DEATH
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from
	Max 15 194 4 10 Max 15 19 19
7. 8 fith date of deceased (mo., day, yr.) Ma7. 15, 1948	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate caose of death DURATION
	Mr. Mr.
8. Stripplace Hage Tstown Wash Co., Md	Due to. Classarian birth
10. Usual occupation.	advanced age
11. Industry or business	Due toOf mother
E 12. Name Greorge Edward Bishop	Dither conditions
2 13. Birthplace Warfords burg Penna.	(Include pregnancy within 3 months of death)
14. Maiden name Susie Virginia Younker 15. Birthplace Plum Run Penna	Major findings of operations
2 15. Birthplace Plum Run, Penna	Date of op.
18. Informant Greenge Edward Bishop	Aotopsy results.
Address Star Route Hancock, Md.	PHYSICIAN: Please ouderline the cause to which death ahould he charged statistically.
Oate thereof May. 18, 1948. (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) Cemetery or cremator, Tehobeth Meth	
- 11 0 0	Where did injury occur? (City or town) (County) (State)
Location to Itan Co., Tenna - Near Hancock	Injured at home, farm, Industry, public place (where?)
18. Funeral director. C. Lax Jes IX. 15 a sT	A
Address Hancock, Md	23 SIGNATURE & MShaffer MO
19. 3T/9-48 19 / SOTTElled	Hancock ml M. D. or other 14
(Date rec'd by registrar) Registrar	Address Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03150

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Reg. I	Dist.	No. 30	2

1. PLACE OF	DEATH: ington			2. USUAL RESIDENCE (HOME) (For newborn infants give residence	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
					State Maryland county Washington		
City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)				Williamsnor	Williamsport		
			***************************************	(If outside city or town lin	its, write RURAL and give near	est town)	
ashi	on, or street address whe ngton Cou	aty Ho	spital	Street No. 211 South Ar		De 800 000 000 000 000 000 000 000 000 00	
	ital or Institution?				ve LOCATION)		
3. (a) FULL							
	es Crawfo	rd Bra	nt		3. (b) Social Security N 215-14-21		
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL	CERTIFICATION		
Female	White	Ma:	rried			FIRED	
				20. DATE OF DEATH 11 17 ATR	17 1948	at O.OS T. M	
6.(6) Name of hu	shand or wife Edga	r Howa	rd Brant	21. I CERTIFY that death occurred on the date	above stated; that I attended decease	ed from	
		8.(e) If allve, give age 50yr		48, 6 MAR. 1	19	
deceased (mo.	day, yr.) July	14.1899	9		-	19	
8. AGE:	Years Months	Days	If less than one day	Immediate cause of death PANCR	entitic	DURATION	
	48 8	3	hrs.	400.000.000.000.000.000.000.000.000.000	<u> </u>	Tanys.	
a 01 th -1	Williamsp	ort. Was	shington, Ma:	ryland Chole custiti	s Chronic]	140+	
				Cholellithia	2515		
10. Usual occup	House		***************************************	Bue de	11 i		
11. Industry or business At Home				, Duc 10		***************************************	
12. Name	Joseph H:	Taylo:	<u>የ</u>	Other conditions	***************************************	0	
12. Name 13. Birtiplac	. Williams	port, 1	Maryland.				
Molden	Nancy l Wilson, Mr. Edgar	Barber		(Include pregnancy within	8 months of death)	- 61	
TO TO THE REAL PROPERTY OF THE PERTY OF THE	Wilenn	Tree of	a m Å	Major findings of operations		a II	
= { 15. Birthplac	Was The war	TI D		Necrosis; gallston	Date of op. MA	7.16,48	
				DIFFERENCE AND DE LA MARIE AND	which death should be should at	atiation the	
Address 21	1 St. Artic	zan; Wi.	lliamsport, Mo	22. VIOLENCE: If death was due to external c		attendenty.	
17 Bur	ial	Date there	(month) (day) (year	Accident, suicide, or homicide.			
						** 4. ** 0	
Cemetery or crematory Greenlawn Cemetery				Where did injury occur?(City or town) (County)	(State)	
	lliamspor		***************************************	Injured at home, farm, Industry, public place	(where?)		
18. Funeral direc	Mrs. Ed:	th V.	Leaf	Means of injury	tnjured at work?		
	illiamspo:			Kial	() / Lla	0	
Wa	110	1 14	ON DUB.	23. SIGNATURE	M. D. or	other	
19. (Date rec'd	19 4 19 4 19 4 19 4 19 4 19 4 19 19 19 19 19 19 19 19 19 19 19 19 19		Regi	istrar Address Hagers ow	n No Bate signed	101110	

President Traversia

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BUREAU V. S.

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2411 N. Charles St., Baltimore /640

CERTIFICAT	E OF DEATH Reg. Dist. No303
1. PLACE OF DEATH: County Washing ton Cily or town Hagers town (If outdeed city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 931 Hamil ton Boul vard How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give recidence of mother) State
3. (a) FULL NAME ALBERT WADE BUFFINGTON	3. (b) Social Security Number 208-14-4383
4. Sei 5. Color or race 6.(a) Single, married, widowed, or divorced Wale Widowed	MEDICAL CERTIFICATION ABOUT 20. DATE OF DEATH March 8, 19.48 21/0 A M
6.(b) Hamo of husband or wife Margaret 6.(c) Halive, give age years 7. Birth date of deceased (mo., day, yr.) September 9, 1882	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
8. AGE: Years Months Days it less than one day 65 5 19	Gunshot wound of skull Due to (suicide)
10. Usual occupation. Plumber 11. Industry or business Own Business 12. Name. George D. Buffington 13. Birthplace Brookbille, Pa.	Dither conditions (Include pregnancy within 8 months of death) Major findings of operations.
14. Maiden name Louise O. Jackson 15. Dirthplace Pittsburgh, Pa. 16. Informant Louise Hinsch Address Hagerstown Md.	Autopsy results
17. Removal ((Burial, cremation, or removal, Which?) Cemetery or crematory. Brookville, Cemetery. Localion. Brookville, Jefferson Co. Pa. 18. Funeral director. Andrew K. Coffnan Address Hagerstown Md. 19. (Date rec'd by feristrar). 19. (Date rec'd by feristrar). Registrar Registrar	Accident, suicide, or homicide

WITH UNFADING INK. Supply every item of information carefully. The important, Physicians: please write the causes of death clearly and legibly

PLEASEWRITE PLAINLY, is especially

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MAR 11 1948 BUREAU V. S.

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			CERTIFIC	CAIL	E OF DEATH		Reg. Diat.	. No	
1. PLACE OF DEATH:	shingt	on			2. USUAL RESIDENCE (H)	OME) OF residence of r	DECEASED:		
Hagaratown			State Maryland	Сом	Washin	gton	***************************************		
City or town(If outside	city or town lim	its, write R	URAL and give nearest town)	City or town	gerst	own		
How long in above place of deal	h? 22	year	S		(If outside city o	r town limits	, write RURAL an	d give near	est town)
Hospital, Institution, or street	address where de	alh occurred			Sireei No		am St.		
437 An	tietam	St.			6	If rural, give	LOCATION)		
How long in hospital or institu	llon?				2.(a) If veleran, name war	na wo	rld war	*******	
3. (a) FULL NAME	Hul	pert	Lee Burker				3. (b) Social : 220-16		
4. Sex 5. Co	lor or race	8.(a)Single	e, married, widowed, or divorced		MED	ICAL CE	RTIFICATI	ON	
	White	1	Single						0 4
met 1 e	MILLOG	ļ	OTHERE		20. DATE OF DEATH March				
6.(b) Name of husband or wife					21. I CERTIFY that death occurred of	on the date abo	ve stated; that I att	ended deceas	ed from
			c) It alive, give age	years		718	7 Mr A	. /4	4 8
7. Birth date of		T ALL	1925		and that I last saw hJ. 3alive	2 00		i	
deceased (mo., day, yr.)	July Months	Days	It less than one day		Immediate cause of death	who	may		DURATION
8. AGE: Years 22	8	1	hrs.	min.	tubellasi				1 92.
9. Dirlhplace Hag	erstow	ı, Wa	sh. Co. Md.		Due to		***************************************		
10. Usual occupallonS	heat mi	otol	worker			***************			000 000
19. Usual occupation	D M	- 7 7	.W.Y.A.A.M.A		Due to			,	
11. Industry or business	· P. Mi	orrer	00.		***************************************				
	rbert]	I. Bu	rker		Other condillons				
Herbert M. Burker 12. Name Herbert M. Burker 13. Birthplace Page Co. Virginia.									
					(Include pregna				
E 14. Maiden name					Major fiadings of operations				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
14. Maiden name E1	mberla	nd, M	aryland				Date o	f op	bao on a = 0 a = 0 = 1 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0
Marc	. Eller	Nor	a Burker		Antopsy results				
10. Ittigitiment	••••				PHYSICIAN: Please underline th	he cause to w	hich death should b	e charged s	itatistically.
		cam 5	t. Hagerston	WIL	PHYSICIAN: Please underline to 22. VIOLENCE: It death was due Accident, suicide, or homicide Where did injury occur?	to external car	uses, till in the follow	wing;	
17. Burial (Burlal, cremation, or re		Date the	of March 16,	194	Secident suicide, or homicide		Da	le of	,q.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Burlal, cremation, or re	emoval. Which?)	T : 3 7	(month) (day) (yes	ar)	Where did labour coour?				
Cemetery or crematory		i i ala al- alla			(0	City or town)	(Count	(A)	(State)
Location	Hager	stown	, Maryland		Injured at home, tarm, Industry, p	ublic place (w			
			aiss		Means of Injury		Injured at	WORKY	
Address			, Maryland		23. SIGNATURE ELA	mas	Acros	eans	A
19. Mars. 16	1948	lok.	of Hower	egistrar	21		D	M. D. o	15/2m/4
(Date rec'd by registra	r)		R	cRincigi [ABBIESS	ELIZA MILIA			-

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MAR 19-1948 BUREAU V. S.

Dr. Wm. Layman

Reg. Dist. No. 302

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland county Washington (If outside city or town limits, write RURAL and give nearest town 3. (b) Social Security Number 215-26-8151 MEDICAL CERTIFICATION 20. DATE DF DEATH March 18. 19. 48. 21. 3 A M

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MAR 23 1948

BUREAU V. S.

PLEASE

VS A15

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03155

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Dist. No. 302

County 1175HINGTON	(For newborn infants give residence of mother)
HOOF DOTALLA	State MARYLAND COUNTY CUASHINGTON
(If outside city or town limits, write RURAL and give nearest town)	11000 morally
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write KUKAL and give nearest town)
WASHINGTON COUNTY HOSPITAL	Street No. 12 11 PKITIVE Company
and the state of t	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MYRTLE MATILDA	CRABILL NONE
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
EENDLE MARTE WILLIAM	200
FEMALE WATTE WILDOWED	20. DATE OF DEATH Auf 22-45 19 at 6 1 m
6.(6) Name of husband or wife KOSSER C. CRABICE	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Mar 21-4/2 19 Mar 22-4/2019
7. Birth date of FERRUROIL E 19-11	and that I last saw here alive on Mor 20 21 19.
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
12 / / /hrsmin.	
Francis Califul 110	the state of the s
9. Birthplace / KLUL-RICK. COUNTY / D.	Due to.
(Town, eounty, and atate)	/ /-
10. Usual occupation FLOUSE WILLE	
	Due to
11. Industry or business	Chr. My occidedos / 14
12 Name SOHN MILLER	Dther conditions
I FI Adamiliana	Dillet Countings
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name / KINCES FRTHUR 15. Birthplace / ARYLAND	
Mnnil/ ralh	Major findings of operations.
≥ 15. Birthplace	
Claude C. Shark (Sa)	Actorsy resolts
16. Informan	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 718 W. transline St.	
merial 3/20/14	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide. Date of Date of
(Burlar, Clemation, of Temovar, Wilcom)	Where did Injury occur? Hegewith Washingt my
Cemetery or esemetory	(City or town) (County) (Stat)
Location	Injured at home, farm industry, public place (where?)
18. Funeral director.	Means of Injury when studing anjured at work
11	Hy I me cury o Wash wi
Address Hastralaum Ma.	1 St. J. O. D. Star M. W. Com
With 5/1 119 14/1/1/1/1000	23. SIGNATURE
19 11000 24 1940 PHANTINOWN	Charles and will The
(Date ree'd by registrar) Registrar	Address Signed Signed

MAR 26 1948 BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

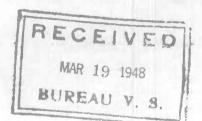
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03156

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Drainsgtoor	(For newborn infants give residence of mother)		
Cily or town. (If outside city or town limits, write RURAL and give nearest town)	State Pa County Fulton City or town Syar Aord's Aureg Pa . (If outside city or town timits, write RURAL and give nearest town)		
How long in above piace of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Strect No.		
Grashington Co. Hosp.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war. None		
3.(a) FULL NAME Mrs. Pearl J. Deshong	3. (b) Social Security Number		
mrs. Pearl J. DeShar	None		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
> W Married	20. DATE OF DEATH 3 / 15 19 4 8 11 5:45 PM		
6.(b) Name of husband or wife D. W. Des Rong	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from		
5.(0) Name of husband of wife	1 P 1 3 1 5 19 1 3 10 5 P 1 3 1619 4 8		
7. Birth date of 240 99 190	and that I last eaw h & R alive on 3/15 19 42.		
1. Birth date of deceased (mo., day, yr.) aug. 29, 190/	Immediate cause of death		
8. AGE: Years Months Days If less than one day	CEREBRAL HEMORRHAGE 12 hra.		
46			
9. Birthplace. Needwore Fulton Co. Pa. (Town, county, and state)	Due to ARTERLOSCLEROSIS		
(Town, county, and state)			
10. Usual occupation Housewife	Due to.		
11. Industry or business Own Home	DUE 14.		
12. Name Anderson Mellott	Diher conditions		
12. Name Anderson Mellott 13. Birthplace Needhore Pa.			
	(Include pregnancy within 8 months of death)		
14. Maiden name Ida Shives 15. Butholiace Needmore Pa.	Major findings of operations		
15. Birthplace Needmore Pa.	Date of op.		
18 Informani Nebraska DeShong	Autopsy results.		
TV. SITVINGIT	PHYStCIAN: Please underline the cause to which death should be charged statistically.		
Address Warfordsburg Pa.	22. VIOLENCE: It death was due to external causes, fill in the following:		
Burial Date thereof 3/17/48	Accident, suicide, or homicide		
(Burial cremation or removal Which?) (month) (day) (year)			
Cemetery or crematory Sideling Hill Christian Cem	(City or town) (County) (State)		
Location Sideling Hill Pa.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. Andrew K. Coffman	Means of injury Injured at work?		
Address Hagerstowh, Md.	1. X2 & M. B		
	23. SIGNATURE M. D. or other		
19. Mav. 16 1948 Skostt Joevers Registrar	Address Wash Co Hospe Date signed 3/15/48		
(Date rec'd by registrar) Registrar	Address		



MARYLAND STATE DEPARTMENT OF HEALTH

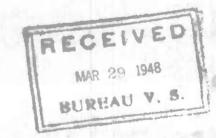
2411 N. Charles St., Baltimore

Dr. Porterfield 0315%

CERTIFICATE OF DEATH

302 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Maryland County Washington	
City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town)	Funkatown	
How long in above place of death? 9 Hours	(II outside city of town mints, write ROKAL and give hearest town)	
Hospital, Institution, or street address where death occurred:	Street No. Beaver Creek Road	
Washington County Hospital	(If rural, give LOCATION)	
How long in hospital or institution? 9 Hours	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
MRS LILLIE HAMBURG DIEBERT	None	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Married	20. DATE OF DEATH March 23, 1948 21 8 P.	
6,(b) Name of husband or wife Frank Diebert	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	6 [30 19 F P to 3] Z 3 19 T	
I. Birth date of	and that I last saw h	
deceased (mo., day, yr.) Salitually 30, 1011 8. AGE: Years Months Days If less than one day	Immediate cause of death	
. 77 1 . 23hrsmir	Cerebral Hemorrhage 3/23/	
Hagerstown Washington Co. Md.	Due to Hypertension ?	
s. Birthpla-Hagerstown, Washington Co. Md. (Town, county, and stete)	delevisclessis ?	
1D. Usual occupation House Wife	Bush	
11. Industry or business Own Home	pue (6	
	Diher conditions	
12. Name Abraham Hamburg 13. Birfhplace Thurmont Md.		
Freeling Correr	(Include pregnoncy within 3 months of death)	
14. Maiden name Eveline Cover	Major findings of operations	
\$ 15. Dirthplace Cascade Md.	Date of op.	
16. Informant Mr. Frank Diebert	Autopsy results	
Address Funkstown Md.	PHYStCIAN: Please noderline the cause to which death should be charged statistically.	
- / /	22. VIOLENCE: tf death was due to external causes, fill in the following:	
17. Burial Date thereof 3/26/48 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?	
Location Hagerstown Md.		
18. Funeral director. Andrew K. Coffman	Msans of Injury Injured at work?	
Address Hagerstown Md.	4. S. Porterfield M.D.	
Manza. US BOANTANONE	M. D. or other	
(Date rec'd by registrar) Registra	Address 136 W. Washing tar Date signed 3 24/4	



Dr. Ralph Stouffer

2411 N. Charles St., Baltimore 93 d CERTIFICATE OF DEATH

	Reg. Dist. No	Q.X.Q
1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)	
City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 10 Years	State Laryland county Washing City or town Hagers town (If outside city or town limits, write RURAL and give	
Hospital, Institution, or street address where death occurred: 215 West Washington St. How long in hospital or institution?	Street No. 215 West Washingtonn (If rure), give LOCATION) None	
3. (a) FULL NAME	3. (b) Social Securit	ty Number
EDWARD WILSON DITTO Sr. 4 Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	None	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced White Widower	MEDICAL CERTIFICATION 20. DATE OF DEATH. March 26 1948 19	P at 2, 45
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended do	eceased from
6.(c) If alive, give ageyears	March 1, 1848 to March	
7. Birlh date of deceased (mo., day, yr.) August 25, 1869	and that I last saw h Asme. alive on	
8. AGE: Years Months Days If less than one day 78 7 1	Arterio-schrotic heart diserse	6 weeks
s. Birthplace Fairview Wash. Co. Md.	Bue to	
(Town, county, and state) 10. Usual occupation Merchant		
11. Industry or business Retired	Due to	
Alexander V Dates	Complete heart block	1 day
12. Name Abram K. Ditto	Ulher conditions	
14. Maiden name Ann Strite 15. Birthplace Clear Springs Md. 18. Informant Dr. E.W. Ditto Jr.	(Include pregnancy within 3 months of death)	
15 Birthologe Clear Springs Md.	Major findings of operations	===++++===+++++++++++++++++++++++++++++
18 informant Dr. E.W. Ditto Jr.	Aglopsy results	
	PHYSICIAN: Please underline the cause to which death should be charg	ed statistically.
Address Hagerstown Md. 17 Burial (Burial, cremation, or removal, Which?) Bate thereof, 3/29/48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial Bate thereof 3/29/48 (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery	Accident, suicide, or homicide	
Location Hagerstown Md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. Andrew K. Coffman	Meens of Injury Injured at work?	
Address Hagerstown Md.	23. SIGNATURE N.S. Stauffer, U.S.	
19. May 29. 19.48 Charthowers (Date rec'd by registrar) (Date rec'd by registrar) (Registrar)	Herester 2014	D. or other Mar 27, 19

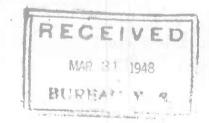
RESERVED FOR BINDING MARGIN UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

PLAINLY, is especially

WRITE

PLEASE

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FOR BINDING

RESERVED

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

47d x

CERTIFICATE OF DEATH

(13151)

Reg. Dist. No. 502

1. PLACE OF DEATH: Washington		2. USUAL RESIDENCE (HOM (For newborn infants give reside				
000017		state Maryland	County Washir	gton		
City or town Hagerstown Maryland (If outside city or town limits, write RURAL and give nearest town)		City or town Hagersto				
How long in above place of death? 40 years		(If outside city or tow	n limits, write RURAL and	give nearest town)		
	r street address where			Street No. 709 North	Mulberry S	Street
709 Nor	th Mulbe	rry S	treet		al, give LOCATION)	
How long in hospital (or Institution?		***************************************	2.(a) If veteran, name war	••••••	
3. (a) FULL NAM	IE					ecurity Number
	E.	Maude	Dutrow		NONE	
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICA	LCERTIFICATIO	ON
7	White	B.F.O.	rried	non	27	18 4:30
Female				ZU, DATE OF DEATH	13	21 /
6.(b) Name of husband	or wife Danie	1 G.	Dutrow	21 CERTIFY that death occurred on the	date above stated; that I after	nded deceased from
		6.0	e) If alive, give age 62 year	June 22,	19. 10.	27
T. Birth date of	Anril	9, 1	9:02	and that I last saw h. 9alive on		2/, 1970
deceased (mo., day.		Days	It less than one day	Immediate cause of death		DURATION
o. Au.				Coronau	P	· · · · · · · · · · · · · · · · · · ·
55		18	hrsmin	Corsuary	Mancero	1 100
9. BirthniaceI	eitersbu	rg. W	ash. Co. Md.	Due to		
			atate)	og po you	1110-	1/2
10. Usual occupation	Housew	iie		Due to.	agomes of	J.,
11. Industry or busine	ess				Lucy	11-43
E 12 Name F	Barry Swo	pe		Dither condition (Corner (Monchelles	11-414.
12. Name	Leiter	sburg	, Maryland			0
	Anna J.			(Include pregnancy wi	ithin 8 months of death)	
E 14. Maiden name			1.0.0	Major fiedings of operations		
14. Maiden name	Ohi	0		-	Date of	op
	niel G.	Dutro	<u> </u>	Actorsy reselts. 200		***************************************
10.111011112111				PHYSICIAN: Please underline the caus	se to which death should be	charged statistically.
	rerstown,		I and	22. VIOLENCE: If death was due to exte	ernal causes, fill in the following	ng:
Bur i	al on, or removal, Which	Date the	reot 3-30-48 (month) (day) (year)	Accident, suicide, or homicide	De De	01
Cemetery or crematory Rest Haven Cemetery		Where did injury occur?	town) (County			
Hagerstown, Maryland			City or		(State)	
Location			***************************************	Injured at home. farm, industry, public p		
1B. Funeral director.	C. M. S	uter d	& Sons	Means of Injury	Injured at w	ork?
10	lagerstow	n Ma	rwlend	1 10.4	Jug A	ares
-		- 114	160	23. SIGNATULE		M D or other
19 Mars.	29. 1948	Ph	syllowers,	1 Alexandon	u less	3-29-4
(Date rec'd by 1	registrar)		Registra	r Addre	Dale	a signed

MAR 31 1948
BUREAU V. 8.

B.—WRITE PL

STATE OF MARYLAND—CERTIFICATE OF DEATH

16	
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1. PLACE OF DEATH		932	
County Washen	(A)		Dist. No. 302
Village or City and Length of residence in city or lown where		No. death occurred in a hospital or institution, give its NAM ds. How long in U.S. If of foreign birth?	St.,Ward
2. FULL NAME Be (a) Residence: No.	rj H. Eb	If U. S. Veteran, specify WAR	
PERSONAL AND STATIST	(Uurilpiace of abode)	MEDICAL CERTIFICATI	
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	LOI DEATH
5a. If married, widowed, or divorced	OR DIVORCED (surice the word)	(Month)	(Oay) (Year)
HUSBAND of (or) WIFE of	Eby	22. I HEREBY CERTIF	Y. That I attended deceased from
6. DATE OF BIRTH (month, dev, and year) 7. AGE Yeers Months 9 3 3	0ays if LESS than 1 day,hrs. ormin.	I last saw bear alive on	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased lest worked at this occupetion (month end year)	11. Total time (years) spent in this occupation	Other Coutributory Causes of importance:	Second 1053
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	W Ely		Oate of
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	Eby 2	Specify whether Injury occurred In INOUSTRY, in H	Oale of injury, 19, 19, 19
18. BURIAL, CREMATON, OR REMOVAL Place	Oate May 6 , 19 8 8	Manner of injury	
19. UNOERTAKER (Address) 20. FILED Hav. 3 , 19 48 6	Eset Bowers.	24. Was disease or injury in any way retated to occur If so, specify (Signed) (Address)	pation of deceased?

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	RECEIVED	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	MAR 5 1948	3 days ago
			BUREAU V S	
Other contributory causes of importance:		Other contributory ca	الح	
Gallstones	May 1,1923	Gastroenteritis		1 year
				1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03161

CERTIFICATE OF DEATH

	Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in into give residence of mother) State
How long in above place of death?	Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME 4. Sex 5. Color offace 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
Male White pedored	20. PATE OF DENTH. MCh. 1948 21 10:20 P.
6.(b) Name of husband or wife. Amelia Hardman Eyl	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Office 5. 1866	and that f last saw italive on
8. AGE: Years Months Days It less than one day 1	Persicion anema 3 ys le aretraf Xenonlag 6 His
9. Birthplace (Toyn, county, and state) 1D. Usual occupation.	Due to
11. Industry or business 12. Name. Udam H. Eyling 13. Birthplace Eyling Valley Md.	Other conditions and yell Confermed Joy, (Include pregnancy within 3 months of death)
14. Malden name Thangaut Mc Clairs 15. Birthplace Fourtus Calley Mo	Major findings of operations
18. Interment Mig Quebla Shlaver	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. But Date thereof (month) (day) (year)	22_VIOLENCE: the death was due to external causes, till in the following; Accident, suicide, or homicide
Cemetery or crematory 1 3 . Clypelling	Where did injury occur? (City or town) (Caunty) (State)
18. Funeral director M. S. Dela gui Jam	Injured at home, tarm, Industry, public place (where?) Misens of thijury Injured at work?
Address Thurnout Md.	23. SIGNATURE 4 G 14 OCLAN
19 March 9 1948 Blanche & Espler (Date rec'd by registrar) 1948 Blanche Francisco	Address Sympathes Conf. Date signed 18/49



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give neurest town) Street No. 103 East Howard Street (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number NONE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE OF DEATH March 9 19 78 at M
8.(b) Name of husband or wife Hubert A. Faulkner 8.(c) If alive, give age years 16 less than one day 8.(d) If alive, give age years 16 less than one day 8.(d) If alive, give age years 17 less than one day 8.(d) If alive, give age years 18 less than one day 8.(d) If alive, give age years 18 less than one day 8.(d) If alive, give age years 18 less than one day 8.(d) If alive, give age years 18 less than one day 19 less than one day 10 less than one day 10 less than one day 10 less than one day 11 less than one day 12 less than one day 12 less than one day 13 less than one day 12 less than one day 13 less than one day 14 less than one day 18 less than one day 19 less than one day 10 less than o	21. I CERTIFY that death occurred on the date above stated: that I attended decessed from 19. 4. to 19. 4. t
18. Funeral director C. M. Suter & Sons Address Hagerstown, Maryland 19. Mar. 10. 48 Maryland (Date rec'd by registrar) Registrar	23. SIGNATURE Address M. D. or other Address Date signed Direct 48

BINDING RESERVED

item of in

WITH UNFADING INK. Supplemportant, Physicians: please

especially

PLAINLY is especial WRITE

MAR 12 1948

BUREAU V. S.

Reg. Diat. No. 302

CERTIFICATE OF DEATH

Reg. Diac. No
2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate. Maryland County. Washington City or town (If outside city or town limits, write RURAL and give nearest Street No. 134 West Washington Street (If rural, give LOCATION) 2.(a) If veleran, name war. 3. (b) Social Security Num NONE
MEDICAL CERTIFICATION
20. DATE OF DEATH. 3 19.46 21
and that I last saw h
Diher conditions (Include pregnancy within 3 months of death) Major findings of operations.
Dale of op
Autopsy results. PHYSICIAN: Please underline the cause to which death abould be charged ata 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

Street No. 134 West	town limits, write RURAL and give nearest town) Washing ton Street Fural, give LOCATION)			
2.(a) If veteran, name war				
	3. (b) Social Security Number NONE			
MEDI	CAL CERTIFICATION			
20. DATE OF DEATH	3/1 1948 11 8:00			
21. I CERTIFY that death occurred on				
Immediate vause of death	o Scauses ?			
Due 10 Jan	coma Lefx 4-5			
Due to	J. Jear			
Diher conditions				
	y within 3 months of death)			
Major findings of operations				

Autopsy results	cause to which death ahould be charged atatistically.			
22. VIOLENCE: If death was due to	external causes, fill in the following:			
	Date of			
Where did Injury occur?(City	y or town) (County) (State)			
Injured at home, farm, industry, publ	c place (where?)			
Means of Injury	Injured at work?			
falu o	Mullan			
23. SIGNATURE				

rect age

information care of death clearly

ADING INK. Supply every item of Physicians: please write the causes

WITH UNF important.

PLAINLY, V is especially

PLEASE

BINDING FOR RESERVED

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19. (Date rec'd by registrar)

Registrar

Address......

Dale signed 3/2 - 48

MAR 5 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			1/11/
CERTIFICATE	OF	DEATH	

U3164

Reg. Dist. No. 304

1. PLACE OF DEATH: A SCIENCE OF	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new porp the fants give residence of mother)	
County Charles	State Fenne County FRANKLIN	
City or town. (If outside city or town limits, write RURAL and give nearest town)	House he Med	0 0 0 01
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)	***
Hospital, Institution, or street address where death occurred:	Street No. P.D.# 7	
	(If rural, give LOCATION)	1
How long In hospital or institution?	2.(a) If veteran, name war	••••
3. (a) FULL NAME FLUFORD CHARLES 7	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Make White Widower	20. DATE DE DEATH March 19 46 P at 6 A	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from	
	Much 18-4 819 Much 11 4 do	
7. Birth date of deceased (mo., day, yr.) -July 3, 1906	and thet I last saw h	*****
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATID	N
41 8 16hrsmin.	Firsting Skull until	_
9. Birthplace Trank lin Co. Ta-	Due to	
1D. Usual occupation		
11. Industry or business	Due to	

12. Name Joseph V. TMT2 D. 13. Birthplace Frank lin Co. Ja.	Diher conditions.	,
14. Malden name Bessie Yourker	(Include pregnancy within 3 months of death)	
15. Birthplace Washington Co, Md.	Major findings of operations. Date of op.	
18. Informant VWs Centery Johnson	Autopsy results	
Address Hancock, Rd., RZ	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17 Buril Date thereof 3/12/48	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremetory MLT redes to Sunch Cour.	Where did injury occur (City or town) (County) (State)	<i>y</i>
Location Tranh line Co. Ta. Newbork, Ld. 15	Injured at home, farm, industry, public place (where?)	
18. Funeral director - t. M. Luninger	Meens of Injury auto accident Injured at work?	٠
Address Mercers brang, Pag	1 21 0.43	
3/10/49 /A. A. 110.11	23. SIGNATURE	****
19	Address Date signed 3/18/1/	p

MAR 22 1948

BUREAU V. S.

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartea St., Baltimore 530

CERTIFICATE OF DEATH

			3	0	2
Reg.	Dist.	No.	2	_	

How long in above p Hospital, Institution Wash How long in hospita	Washin Hagers Hagers If outside city or town li lace of death? , or street address where ington Cou	town imits, write RURAL 41 year death occurred: unty Hos		State County Wash City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 519 N. Mulberry St. (If rural, give LOCATION) 2.(a) If veleran, name war. 3. (b) Social Security Number		
3. (a) FULL NA		Anmata	ong Gilbert			
4. Sex	5. Color or race		ried, widowed, or divorced	MEDI	ICAL CERTIFICATION	
male	white	wido		20. DATE OF DEATH		
6.(b) Name of husb	and or wife Carri	e E. Gi		21. I CERTIFY that death occurred on	the date above etated: that latte	inded deceased from
7. Birth date of deceased (mo., d	ay, yr.) Apri	1 13, 1	875	Immediate cause/pl death	on	DURATION
O. MUL.	ears Months 72 11	2.00	less than one day	Thu m	A.	adnis
9. Birthplace. Oak Orchard, Fred. Co., Md. (Town, county, and state) Night Clerk 10. Usual occupation. Hotel Patterson				Due to	promo	13 drys
11. Industry or bus	Albert A.			Datessa	schims	
12. Name	Tithente			Diner conditions		
置 14. Maiden na	Martha Oak Ore	R. Dudd	erar	(Include pregnancy within 8 months of death) Majur findings of operations. Date of op. Actupsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)		
16. Informant	Mrs. Pau	I R. By				
17. bu (Burial, crema	Hagersto	Date thereof	4-1-48 (month) (day) (year) emetery			
			Md.	Injured at home farm, Industry, pub		······
	Scott F		ch & Son	Meane of Injury 23. SIGNATURE	tinjured at 1	work?
19. Mar	. 3/. 19 48 y registrar)	bho	HBoward, Registra	Address January	w Md on	M. D. or other de signed 3/3/148

RECEIVED

APR 2 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			30	-
Reg.	Dist.	No.	30	

1. PLACE OF D	EATH:	tom	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Ho momat	ton	State Maryland co		
City or town	f outside city or town li	imits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town) 2023 Virginia Avenue		
How love in phase size	an of death? 3	years	City or town(If outside city or town limit	s, write RURAL and give nearest town)	
How long In above place of death? Nospilal, Institution, or street address where death occurred: 2023 Virginia Avenue			2023 Vi:	rginia Avenue	
20	023 Virgi	nia Avenue		e LOCATION)	
How long in hospital	or institution?		2.(a) If veteran, name war		
3. (a) FULL NA				3. (b) Social Security Number	
	L	ouis Gordievsky		None	
4. Sex	5. Color or race	6.(a)Single, married, widowad, or divorced		ERTIFICATION	
Male	Jewish	Widowed	20. DATE OF DEATH Franch	12 1048,19:48	
	Eva	. Gordievsky	21. I CERTIFY that leath occurred on the date at	pove stated; that I attended deceased from	
			april (6 19	42,10 march 12,10 48	
7. Birth date of		B.(c) If alive, give ageyea	and that I last saw h		
deceased (mo., da	y, yr.) Febri	iery 15 1870	Immediate cause of death		
8. AGE: YE	ears Months	Days · If less than one day	William - An	Groter	
78	8 0	26hrsmir	Leart Dear		
9. Birthplace	(Town	RUSSIA.	Due to		

	./1/		Due to		
11. Industry or bust		ug & steamlitting		A >	
拉 12. Name		Gørdievsky	Olher conditions		
13. Birthplace	Russ:	ia	(Include pregnancy within 3	months of death)	
14. Malden na	Ethel	Unknowi			
E 14. maiten na	D		Major madings of operations		
18, Informant	Mrs. Nath	n Raskin	Autopsy results	11.4 Just should be showed statistically	
Address	2023 Virg	inia Avenue			
			22. VIOLENCE: ff death was due to external c		
17. Burlal cremat	ial tion, or removal. Which	Date thereot March 14, 19 (month) (day) (year)			
Cemetery or cret	matory Rive:	rside Cemetery	Where did injury occur?(City or town	(County) (State)	
Location	Dooch	lle Park, N. J.		(where?)	
		W. Kraiss	Means of Injury	Injured at work?	
Address		stown, Maryland	/ de . 11	hoversleen po.	
Ment	14 110	Bladte Brower	23. SIGNATURE	M. D. or other	
19. (Date rec'd by	/3. 1948	Registr	at Address I wish Lower	Date signed 3/13/4	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content is especially important. Physicians: please write the causes of death clearly and legibly.

9.45-15M

VS A15

MAR 16 1948

BUREAU V. S.

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, I is especially

(Date rec'd by registrar)

A15 SA

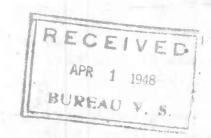
FOR BINDING

MARGIN RESERVED

CEDTIFICATE OF DEATH

		CERTIFIC	ALE OF DEATH	Reg. Dist. No			
How long in above pia Hospital, instilution, Wash	Washin, Hagers If outside city or town live ace of death? Life or street address where of ington Co	ton town hits, write RURAL and give nearest town) leath occurred: unty Hospital Weeks	State Maryland City or town Hagerst (If outside city or town lin 48 Ways:	City or town			
3. (a) FULL NA	ме Ја	mes P. Harter, Jr		3. (b) Social Securit 215-26-]			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION			
Male	White	Married	20. DATE DF DEATH. March 28	, 1948 19 5	: 00 A		
7. Birth date of deceased (mo., da	y,yr.) May 6,		.years 21. I CERTIFY that death occurred on the date .years and that I last saw h	um en 21	eceased from		
O. ILOD.	Months 10	Days If less than one dayhrs.	min. Doronary this		15 dai		
	n Plum	wash. Co. Md.					
		Harter	Other conditions				
	8.79	rg, Maryland					
M 44 PALLA	Alice He	yser	(Include pregnancy within				
14. Maiden nan	Chambers	burg. Penna.	Major findings of operations	Pote of an			
		yser burg, Penna. s C. Harter Ave. Hagerstown,	Antopsy results	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	rial ion, or removal Which?)		22. VtOLENCE: If death was due to external Accident, suicide, or homicide	Date of			
		ern Cemetery			(State)		
Location		ersburg, Md.			,		
18. Funeral director	Fred	W. Kraiss	Means of injury	injured at work?			
Address		rstown, Md.	(KK Marana	JMIT			
	54		23. SIGNATURE	JIII U	D or other		

Registrar



2411 N. Charles St., Baltimore

03168

CERTIFICATE OF DEATH

Pog. Diat. No. 352

					rog. Diat. Horm.		
1. PLACE OF D	EAT Washing	rton		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:		
7814		22 VIN		State Maryland County Baltimore Baltimore			
City or town.			UNAL and give nearest town)				
	ce of death?			(If outside city or town limit	s, write RURAL and give nea	rest town)	
	or street address where			Street No. 3310 Guinn Fallls Pkwy			
Enroute to Hospital Row long in hospital or Institution?				(If rural, give LOCATION)			
				2.(a) If veteran, name war			
3. (a) FULL NAM	TE GE	RALDIN	Me M. Hartso	ck	3. (b) Social Security 1 185-12-9418		
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced		ERTIFICATION	ab	
Female	White	Me	rried	20. DATE OF DEATH March 26	48	6:30P	
6.(b) Name of husban	Virgi	1 L.	Hartsock Jr.	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended decea	sed from	
	IR A1 M.I.C		c) If alive, give age 31 years	19	, to	19	
7. Birth date of	Assesse		1923	and that I last saw h			
deceased (mo., day		l . Days	If less than one day	spine(closed) Int		DURATION	
8. AGE: Yea 24	TIS MUITIS	23	hrsmln.	Orrhand and	nternal lock	***************************************	
9. Birthpiase	Altoona	Blai	r Co. Pa.	Que to	•••••		
9. Birinplace	(Town,	county, and		Que to			
16. Usual occupation		* 40					
11. Industry or busing	.s. Calvert	Disti	lling Co.				
当 12. Name	Frank To	عمر		Other conditions			
12. Name	Evans	Jours	1 day	(Include pregnancy within 3 months of death) Major findings of operations.			
当 14. Maiden nam	Lana	Roio	Muris.				
TO	0000	Zall	Car Va				
- 1 To. Giftinglado	rgil L Hs	ntage	de In	None	None Date of op.		
16. informati			K ore	Autupsy results			
Address D8	ltimore	Md.		22 VIOLENCE. If don't was due to extend of			
Remova	1	Date the	Mar. 27, 1948	22. VIOLENCE: If death was due to exercise and Accident, suicide, or homicide.		/26/48	
(Burial, cremation, or removal, Which?) (month) (day) (year)				03	A		
Cemetery or crema	atory			(City or town)	(County)	(State)	
Location	Altoona	Pa.		Where did injury occur? Clear Spr (City or town) Injured at home, farm, industry, aublic place (w Means of Injury	here?)	10	
t8. Funeral director	Scott F.	Minr	ich & Son	Means of Injury	injured at work?		
	Hagers		Md.	8600-1	on D.MEI		
Address	23	114	16000000	23. SIGNATURE OF TURENT	Was Was		
19. //av,	-61, 1948	- APK	Mil rocears	Hagerstown, M	id.	5/27/48	
(Date rec'd by	registrar)		Registrar	Address	uate signed		

MARGIN RESERVED FOR BINDING

9-45-15M

MAR 30 1948
BUREAU V. S.

CONTRACTORY'S CONTRACTOR

1. PLACE OF DEATH-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

140

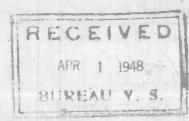
2 HISHAL RESIDENCE (HOME) OF DETEASED.

CERTIFICATE OF DEATH

03169

30/

County WASHINGTON	(For newborn infants give residence of mother)	
City or town	State Maryland county Washington	
	City or town West Among to	*****
How long in above place of death?	(If outsite sitte or town limits, write RURAL and give nessest town)	
TIMAHMAKTON IND	Streel No.	
1/- /-	(If rural, give LOCATION)	
How long in hospital or Institution? Thomas	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
ENIZABETH CATHERINE HE	YHESY NONE	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
6		
F. W WIDOWED	_ 20. DATE DF DEATH MARCH 30 19.48 at 7	A M
8. (b) Name of husband or wife TAYMOND HENNES	21. I CERTIFY, that death occurred on the date above stated: that I attended deceased from	-
	7/27/40 3/20/40	
7. Birth date of	and that I last saw h. e. alive on 3/30/49 19.	
deceased (mo., day, yr.) 4/30/66		
8. AGE: Years Months / Days It less than one day	Immediate cause of death	
8 / 11 0hrsml	COROMARY OCCLUSION IMME	2.1.0.7.
8 / // Oml	J	
9. Birthplace MARAQUE, BERNETHEY Co. W. V.	Pue to.	
1D. Usual occupation Tlousewife	Due to	
11. Industry or business OWK HOME	DA8 10	
= 12. Name JOHN P. PIPPLE		
	Diher conditions	
13. Birthplace MARLOWE W. VA.	(Include pregnancy within 3 months of death)	
14. Malden name DUSAN RIDEROUR		
	Major findings of operations.	
E 15. 8 rthplace / ARLOWE W. VA.	— Date of op.	
16. Interment tt LI TEMNESY	Autopsy results	
Address TILGH MANTON MD.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address (InGHMANTON, MD.	22. VIOLENCE: If dealh was due to external causes, fill in the tollowing;	
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide	
11 - X 1 1 1 1 1 1 1		
Cemetery or crematory DLO AKAK Children	Where did injury occur?	*******
Location Hayoustown That	Injured at home, farm, Industry, public place (where?)	
(D) 1 8/10/11	Means of Injury / Injured at work?	
18. Funeral director Little diseases A Language and add	# 1201	
Address tagoustown MI.	VOODEKT CO.	
A3 (1) 11/1 18 / 1/150	23. SIGNATURE M. D. or other	
10/1arch 3/1948 //100 Lee HO	104 West absended Man 3/30	140



correct

1 PLACE OF DEATH.

		PLAIN	especi
Σ			20
9.45-15M		WRITE	
A WIN	(PLEASE	7
>		PH4	

especially

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Wells

2 HISHAL RESIDENCE (HOME) OF DECEASED.

03170

Reg. Dist. No.	302
----------------	-----

City or town(1f outsi How long in above place of d Hospital, institution, or stre Mid ddl How long in hospital or ins	Hade city or town life the address where	mits, write R Week death occurred	WN URAL and give nearest town S	State Maryland City or town Hagers (If outside city or to Street No. 520 Sc	State Maryland County Washington City or town (If outside city or town limits, write RURAL and give nearest town) 520 South Cannon Ave		
3. (a) FULL NAME	~) ~ . 7777	4 47777	A T 17 6 171777 MAN		3. (b) Social Securi	ty Number	
	Color or race		GINIA HENSON		AL CERTIFICATION		
	White		Widow		5, 1948	.1.P.M	
			lewton	21 I CERTIFY that death occurred on the	21. I CERTIFY that death occurred on this date above stated; that I attended disceased from		
7. Birth date of deceased (mo., day, yr.)				and that I last saw halive on			
8. AGE: Years	Months	Days	tf less than one day	Immediate cause of death			
75	5	12	hrs.	coronary arte	eriosclerosis	Zyrs	
10. Usual occupation	House Ov n L Sny gerstov	wife vn Hon vder vn. Mo abert	Smith	Oue to			
16. Informant Mr	s Mild	ed Sh	eets	Autopsy respits			
17 Burial (Buriat, cremation, or Cemetery or crematory Location Ha 18. Funeral director	removal Which? Rose gerstow ndrew K	Hill m, Md	d, R.# 4 3/8/48 (month) (day) (yea Cenetery fman	Accident, suicids, or homicide			
Address	Hagerst	own. 1	d.	2 SIGNATURA Rolling	1 hells	ZuD,	

Registrar

MAR 10 1948

BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

SA

MARGIN RESERVED FOR BINDING

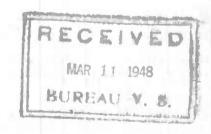
2411 N. Charles St., Battimore

03171

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mather)		
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Washington		
How long in above place of death? 7 Months	City or town Hazers town (if outside city or town limits, write RURAL and give nearest town)		
Hospitat, institution, or streef address where death occurred: 627 Frederick Road	street No. 627 Frederick Road		
1	(If rural, give LOCATION)		
How long in hospital or tristitution?	2.(a) tf veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
MRS MAGGIE ELNORA HORN	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widow	20. DATE OF DEATH March 6 1948 19 21 4 P M		
6.(6) Name of husband or wite Frank H.	21. I CERTIFY that death occurred on the date above stated; that f attended daceased from		
	ling 18. 1 10 Munch 6 18. 4		
7. Birth date of deceased (mo., day, yr.) April 7 1863	and that f fast saw h P.C. alive on Many 6 18.		
8. AGE: Years Months Days If tess than one day	Immediajo suse of death DURATION		
84 10 29hrsmin.	Senile Margine / Gr.		
9. Birthplace. Williamsport Wash. Co. Md. (Town, county, and state)	Oue to		
18. Usual occupation Housewife			
O THE TYPE OF	Ove to		
The state of the s			
12. Name William Poffenberger 13. Birthplace Williamsport, Md.	Other conditions		
	(Include pregnancy within 8 munths of death)		
[eq.]	Major fiedings of operations.		
\$ 15. Birthplace Williamsport, Md.	Date of op.		
16. Informant W. Howard Horn	Autopsy results		
Address Hagerstown Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial (Burial, cremation, or removal. Which?) Date thereof 3/9/48 (munth) (day) (year)	22. VIOLENCE: If death was due to axternal causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory Rose Hill Cemetery	Where did injury occur? (City or town) (County) (State)		
Location Hagers town Md.	Injured at home farm, Industry Dubic place (where?)		
18. Funeral director Andrew K. Coffman	Means of Injury trijured at work?		
Address Hagerstown Md.	(Such & Mulling Us)		
18 Mar 9, 19 48 Chastillaver (Date ree'd by registrar) Registrar	23. SIGNATURE M. D. ur uther Address Date signed 3/8/		
	7 1		



Hitteria in the Co. January

Supply every item of information carefully. The correct age asse write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INT. is especially important. Physicians of

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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03172

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County # Co. 71.77.7.	77 1
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Couply Couply
How long in above place of death? 50 455	City or town
Hospital, Institution, or street address where death occurred:	Street No. XOUFE 40
POVTEHO	(If rural, give LOCATION)
Now tong in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME James Ellsworth	1/ 77 3.(b) Social Security Number
Vaines 2115WOF 171	Hull mone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Widowed	20. DATE OF DEATH MAYCH 19 19 48 01 PM
8.(b) Name of husband or wife. 1922a. J	21 I CEPTIEV that death prograd on the date shows stated: that I attended decreased from
	Nept 15, 1947 10 Mar 19 19 48
7. Birth date of	and that I last saw harmalive on Mar 19 19.4/8
deceased (mo., day, yr.) Teby 11, 1862	Immediate cause of death
8. AGE: Years Months Days It less than one day	acute Cardiac Farley 24 hrs
86 / 8hrsmin.	
9. Birtholace Frank 712 Co. Pa	Due to Chr. Endo cardial
(Town, county, and state)	Aclesosis 540
10. Usual occupation	Due to
11. Industry or business	
12. Name Peter Hull 13. Birthplace Frank 7/12 Co, Par	Dither conditions
13. Birthplace Frank 71m Co, Pa	
14. Malden name Sarah Belle Gray 15. Dirthplace Franklin Co. Pa	(Include pregnancy within 8 months of death)
15. Birtholace Frank 7122 Co. Par	Major findings of operations
muc Branch Foreithe	
16. informant	Autopsy results
Address (Car Upring IIId A.	22. VIOLENCE: if death was due to externat causes, fill in the following;
(Burial, eremation, or removal, Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or crematory	
Location / Car / Cax DX Ing 1/1d	tnjured at home, tarm, Industry, public ptace (where?)
18. Funeral director 122/dox - Pow Jand	Means of injury Injured at work?
Address Clay Spring Mid	David P (Breuse M)
Mr. Collette Mr.	23. SIGNATURE M. D. or other
19. (Date rec d by registrar)	Address Clear Spring Md Date signed 3/20/48

THE PART OF THE PA

APR 9 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK Stoply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and l FOR BINDING RESERVED MARGIN

CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Washington City or town. Hagerstown (If outside city or town timits, write RURAL and give nearest town) Street No. 44 West North Street (If rural, give LOCATION) 2.(a) It veleran, name war.		
3.(a) FULL NAME Myrtle L. Jackson	3. (b) Social Security Number NON E		
Female Colored Married	MEDICAL CERTIFICATION 20. DATE OF DEATH		
6.(b) Name of husband or wife William Jackson 6.(c) If allive, give age Nat Knary 7. Birth date of deceased (mo., day, yr.) February 1, 1894	and that I last saw h.Sc.1. alive on		
8. AGE: Years Months Days It less than one day 54 1 8hrsmin.	Immediate cause of death Company Office Annual Duration 48 Liv		
9. Birthplace Salisbury, Maryland (Town, county, and atate) 10. Usual occupation Domestic 11. Industry or business 12. Name Not Known 13. Birthplace Not Known 13. Birthplace Not Known 14. Birthplace Not Known 15. Birthplace 15	Due to		
14. Malden name Not Known 15. Birthplace Not Known	(Include pregnancy within 3 months of death) Major findings of operations		
Address Hagerstown, Maryland 17. Removal Date thereof 3-10-48 ((Gurial, cremation, or removal, Which?) Cemetery or crematory Seaford, Cemetery Location Seaford, Delaware 18. Funeral director William Downey Address Hagerstown, Maryland 19. Mary 10-18 Maryland	Actopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		

MAR 12 1948

BUREAU V. 5.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

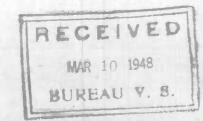
Dr. Layman

03174

CERTIFICATE OF DEATH

Reg. Dist. No. 302

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (b) Social Security Number
None MEDICAL CERTIFICATION
20. DATE OF DEATH. March 5 19. 48 at 8:30P.
2) TREATIFY that death occurred on the date above stated; that I attended decessed from 19 45 1
Immediai cause of death OURATION 5 days
Due fo
(Include pregnancy within 3 months of death) Major findings of operations.
Actopsy results PHYSICIAN: Please ooderline the caose to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide



Dr. Hornbaker 03175

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

Reg. Diet No. 302

	Reg. Dist. 140.
1. PLACE OF DEATH: County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
GEORGE THOMAS KEY	705-12-2136
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH Narch 6 1948 19 21 7 P
6.(b) Name of husband or wife Leta 6.(c) If alive, give age 59 years 7. Birth date of A years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) August 9 1884	Immediate cause of death
8. AGE: Years Months Days If less than one day 63 6 25hrsmln.	Unte converg relission 45 minu
9. Birthplace. Staunton Augusta Co. Va. (Town, county, and state) 10. Usual occupation. Engineer 11. Industry or business W. M. R. R. 12. Name. John Key 13. Birthplace Staunton Va. 14. Maiden name. Mary Ann Kirby 15. Birthplace Batesville Va. 16. Informant Mrs. Leta Key Address Hagerstown Md. 17. Burial (Burial, eremation, or removal, Which?) Cemetery or crematory. Rest Haven Cemetery Haverstown Md.	Due to
Location Hagerstown Md.	Injured at home, farm, industry, public place (where?) Meens of Injury tnjured at work?
18. Funeral director Andrew K. Coffman	
Address Hagerstownlid 19. Mars. 9- 1948 Bhooff Rowers (Date rec'd by registrar) Registrar	23. SIGNATURE John Stanbakes he. To. 15 of w. weshing too S. M. D. or other Address Address A. Bate signed 3-8. 48
(Date rec'd by registrar) Registrar	AddressDate signed

Registrar | Address....

PLEASE, WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case is especially important. Physicians: please write the causes of death clearly and legibly.

FOR BINDING

RESERVED

A15 NS

MAR 11 1948

BUREAU V. 8.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Cherlea St., Baltimore

CERTIFIC	CATE OF DEATH Reg. Diat. No. 302
1. PLACE OF DEATH: County Washington City or town Hagerstown, Maryland. (If outside city or town limits, write RURAL and give nearest town How long in above place of death? Hospital, institution, or street address where death occurred: 414 Bast Franklin Street How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Streel No. 414 East Franklin St. (If rurst, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Susan C. Kinsey 4. Sex 5. Color or race Female White Widowed	MEDICAL CERTIFICATION 20, DATE OF DEATH March 30 19.48 21
6.(b) Name of husband or wife Samuel S. Kinsey 6.(c) If alive, give age.	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
deceased (mo., day, yr.) March 2, 1861 8. AGE: Years Months Days If less than one day 8.7 0 28 hrs.	Immediate cause of death Duranton 1977.
9. Birthplace. Washington County Maryland (Town, county, and state) 10. Usual occupation. Home Buties 11. Industry or business	Due 1c
12. Name. Henry W. Wilholds 13. Birthplace Washington County Maryland 14. Maiden name Elizabeth 15. Birthplace Washington County Maryland	(Include pregnancy within 3 months of death) Major findings of operations.
Mrs. Rhoda Munson Address 414 East Franklin St.	Autopsy results
Burial Date Ihereof April 2,19 (Burial cremation, or removal Which?) Cemetery or crematory United Brethren Cemeter:	Where did injury occur?(City or town) (County) (State)
18. Funeral director Fred W. Kraiss Address Hagerstown, Maryland.	Masns of Injury Injured at work?
, afr. 2 148 Brast Bowe	23. SIGNATURE And Care of Signature Address 45 3 1/2. Washington Oate signed april 1/2

FOR BINDING

MARGIN RESERVED

APR 5 1948 BUREAU V. 8

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State MAUCANS VILLE (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) If reteran, name war
SALLIE B.	MARTIN 3. (b) Social Security Number NONE
FEMALE WHITE WIDOWED	MEDICAL CERTIFICATION 3 - 7 - 19 48, 16 30 A
8.(b) Name of husband or mile DAVID MARTIN 7. Birth date of deceased (mo., day, yr.) AUGUST 20, 1858	and that I last saw h. 22 alive on
8. AGE: Years Months Days It less than one day 8. AGE: Tears Months Days It less than one day 8. AGE: Tears Months Days It less than one day	Immediate cause of death Carouse enthritis Nephritis
9. Birthplace	Due to Steelety
12. Name JOHN MOWEN 13. Birthplace PENNSYLVANIA	Other conditions (Include pregnancy within 3 months of death)
14. Malden name LUCY WILLS 15. Birthplace MARYLAND	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Rhoda & Martin Address man & answille Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Burial (Burial, eremation, or removal. Which?) Date thereof (mopph) (ddy) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Transler County Pa	Where did Injury occur?
18. Funeral director	Means of Injury Injured at work? 23. SIGNATURE A MUNICIPAL SHEET OF THE SHEET OF T
19 Mars. 8 148 Shaffr Jowerk (Date ree'd by registrar) Registrar	1 1 M. D. J. 148

NFADING INK, Supply every item of information carefully. The tr. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING PLEASE WRITE

correct age

1

A15 ASA

A continue

MAR 10 1948

BUREAU V. S

CERTIFICATE OF DEATH

			12	-	1
69.	Diat.	No.	0	0	0

•	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Walled Glass	(For newborn infants give residence of mother)
City or town. (If ontside city of town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
Ortelice Haspital	Street No
How long in hospital or institution? 2 mouths	4
3. (a) FULL NAME // /	2.(a) If veteran, name war
elda m. Matthee	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FWW	20. DATE DF DEATH MASS 19.48 21 1.5
1-Land	21. I CERTIEX that death occurred on the date above stated; that I attended deceased from
6.(0) Name of husband or wife	19. 43 10 11 19. 48
7. Birth date of	
deceased (mo., day, yr.) Guly 23, 1866	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
91 7 12hrsmin.	
m_ land	
9. Birthplace	Due to Little MASCLE DUC
10. Usual occupation.	Due to.
11. thdustry or business	
12 Name Samuel Blusand	Other conditions areces elevated heart desease
12. Name January Bluggued 13. Birthplace Mary Sand	121 See 1 Pin 131/4/1140 10 Cane
	(Include pregnancy within 8 months of death)
14. Maiden name Assidie Carles 15. Birthplace Maryland	Major findings of operations.
\$ 15. Birthplace Mary Land	- Date of op.
16. interment mrs. Murgarie Steemen	
10. Intormant	Autopsy results
Address Cecharhures mc.	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17 Burial Date thereof May 12 - 48	
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Lell Park	Where did injury occur?
Location Mean Westminster med	tnjured at home, farm, industry, public place (where?)
1 7 8 P	Means of Injury Injured at work?
18. Funeral director	44 0
Address Westmenter md.	Mana M. Concedow, M.O.
Man a UL Stanton	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address McCelese Marso. & Date signed 3/8/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. M MARGIN RESERVED FOR BINDING

VS A16

MAR 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()317) Reg. Dist. No. 302

1. PLACE OF D	EATH:			2. USUAL RESIDENCE (HOME) 0	F DECEASED:	
County Washington			***************************************	(For newborn infants give residence of	Washingt	on
	Homer	stowr	1		niy	
(1	f outside city or town	imits, write	RURAL and give nearest town)	City or town Hagerstown	***************************************	
tion tong in accept his	or street address where			(If outside city or town limits	write RURAL and give neare	est town)
nospital, institution,	13(0)	me	USX	Street No. (If rural, give		
How tong in hospital	or institution?			2.(a) It veteran, name war		
3. (a) FULL NA	ME				3. (b) Social Security N	umber
5. (w) 1 5 mm 1 mm		Frank	lin Matthews		No	010.57.0
4. Sex	5. Cotor or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	0 30 .
Male	White	1	arried	March		P.M
6.(b) Name of husba	nd or wite A Rut	h Mat	thews	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceas	
			(c) tf ative, give ageyears		45 10 Mar 27	19.468
7. Sirth date of	y, yr.)Dec 24,			and that I last saw human ative on	uu v	19
	ars Months	Days	If less than one day	Immediate cause of death		DURATION
72	3	3	hrsmln.	Coronary Th	Loubores	140.
9. Birthplace Be	ntonvilla	War.	rew Co, Sa	Due to		
10. Usuat occupation	ROTIN	ed		Oue to		
11. Industry or busin	ess Rail	Road	Engineer			
当 12. Name	Josep	h G.	Matthews	Other conditions		
12. Name	Virgi	nia				
	Pooko		ters	(Include pregnancy within 3 :	months of death)	
HE 14. Maiden nam			.u.c.1.5	Major findings of operations		
≥ 15. Birthptace	Virgi	nia			Date of op	
16. Intermant	Josep	h F.	Matthews	Autopsy results		
Address		inter	St, Hagerstown	PHYSICIAN: Please underline the cause to w		atistically.
Buria	1		March 30, 194	22. VIOLENCE: tt death was due to external cau		
	ion, or removal. Which	Date the	(month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crem	Rest	Haven		Where did tajury occur?(City or town)	(County)	(State)
Location	Hager	stown		tnjured at home, tarm, industry, public ptace (w		
18. Funerat director	Tred	W. Kr	aiss.	Means of Injury	Injured at work?	
Address	Hager			Wohet P.	Courad M	2
mare.	30, 19 48	BY	on Holzenson d.	23. SIGNATUREI.	M. D. or	other
Date rec'd by	registrar)		Registrar	Address I tag ers www.	Uce Date signed	5-29-4

FOR BINDING

MARGIN RESERVED

2 Postpolicy

APR 1 1948

BUREAU V. S.

VS A15

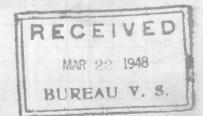
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(13181) Reg. Diat. No. 304

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants give residence of mother)		
County Washing Ton			
(If outside city or town limits, write RURAL and give nearest town)	State Mary Land county Washing Ton		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. Millstone		
,	(1f rural, givo LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
fances ages mello, fr.			
(3/Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION P		
Male White Infant	20. DATE DE DEATH RESEAU 15, 1948, at 12:46 M		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6,(b) Name of husband or wife	19to		
7. Birth date of	and that I last saw h alive on to		
deceased (mo., day, yr.) Apr. 29 1946	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Mangled body		
1 0 15			
9. Birthplace Pectonville Wash Co, Ma.	Due to.		
(Town, county, and state)			
10. Usual occupation	Due to		
11. Industry or business			
E 12. Name James R. M.; 115 E 13. Birthplace Bia Pool, Md.	Other conditions		
Z 13. Birthplace Big Pool, Ma.	(Include pregnancy within 3 months of death)		
# 14 Maiden name Rosalee Karnes			
15. Birthplace Berkeley Springs W. Va.	Major fiadings of operations. NO.		
	Antopsy results. None		
16. Informant MTS James 18 1711115	PHYSICIAN: Please underline the caose to which death should be charged statistically.		
Address Toute #2 Hancock, Md	22. VIOLENCE: If death was due to external causes, fill in the following:		
17	Accident, suicide, or homiophy accident Bate of 3/1/5/4/8		
Cemetery or orematory St. Pater's Catholic	Where did interviously 2 ncock		
Location Hancock Md	Injured at home, farm, Industry, public place (where?) (State)		
1 1 1 1 1 1 1	Meens of Injury Run over by tra injured at work? 10		
18. Funeral director. Chayles 14. Dasi	HOO Y) DEPUTY MEDICAL EXAM.		
Address Hancock Ad.	23. SIGNATURE Make Wellowash CO. MD.		
18. 9/180 T48 18 J. H. VEller	Wassantinus DI Blisters		
(Date roc'd by registrar) Registrar	Address Date signed		



18. Funeral director Snyder - Rowland Funeral Home

Registrar

Clear Spring, Md.

		MOHE	
MEDICAL	CERTIFI	CATION	

24, 1948 21. I CERTIFY that death occurred on the date above stated: that t attended deceased from Mar. 23, 1948 to mar 24, 1948

3. (b) Social Security Number

DURATION

Mono

(Include pregnancy within 3 months of death)

Means of Injury

SE



MAR 29 1948

BUREAU V. S.

PLEASE WRITE PLAINE

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

03182

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State	est town)
3. (a) FULL NAME	3. (b) Social Security N	umber
Fillie Virginia Pall	entrangen.	2.5
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Demale White Single	MEDICAL CERTIFICATION 20. DATE DF DEATH. MEDICAL CERTIFICATION 19.	about
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above atated; that I attended decease	ied from
O(a) Malling plus and		19
7. Birth date of deceased (mo., day, yr.) Discruting - 31 - 1864	and that I last saw halive on	19
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
9. Birthplace Locust Grove Chash. Co. Md.	Due to Hypotension	***************************************
10. Usual occupation	Due to Cerebral arteriosclerosis	
11. Industry or business Dwn 12 one	congestive myocardial	
12. Name John N. Paffenharger. 13. Birthplace Locust Trong wash, Co. md.	Diher conditions heart faliure grade 4	
14. Maiden name Sarah Iseltmacher 15. Birthplace Locust Irone Wash. Co. md	(Include pregnancy within 3 months of death) Major findings of operations.	
2 15. Birthplace Locust Grove Grash. Co. md	Date of op.	
16. Informant Carroll R. Poffenberger	Autopsy results	latistically.
Address 137 Oak Doll au. Hagliston. Ind. 17. (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory Burnstona Cemetery		(State)
Location Soonstrans md'	Injured at home, farm, industry, public place (where?)	
18. Funeral director Plry 3 - Bast 48 548	Maana of Injury Injured at work? DEPUTY MEDI	CAL EXAM.
Address Domaboso md.	23. SIGNATOR A COLLEG WASH. CO	, MD,
19. March 24 18 48 Men totherine Dagenham	M. De	3 60 48



Coroner Dr. Mell was out of town, that account for Certificate bring lienes inlate I debut receir et untel Mar 24/48 Respl J. Dagenhart

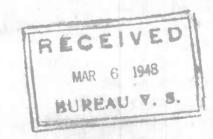
2411	N. C	naries	St.,	Daltiir	nore	1 9
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03183

			- A		
Reg.	Diat.	No.	20	2	

			CERTIFICAL.	E OI BEILIA	Reg. Dist. No	
How long in above place Hospital, Institution, or	Wash erstown, utside city or town of death? 60 street address where ford Ave	Maryl imits, write R years death occurred nue		Street No. 449 Guilfor	County Washingtor County Washingtor Market Washin	rest town)
4. Sex	5. Color or race	8.(a)Single	, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Female	White	S	ingle	20. DATE OF DEATH		9:15 P
7. Birth date of deceased (mo., day, y 8. AGE: Years 80 9. Birthplace	shington At Hones arles A.	ry 21 Days 9 D.C. county, and a	If less than one dayhrsmin. tate)	and that I last saw alive on	<i>I-1-</i>	19
Y3. Birthplace	Hagers	stown,	Maryland	(Include pregnancy with		
Address H8 17	gerstown or removal, Which removal which rerstown . M.	n, Mar Date ther Hill C Mary Suter	yland yland 3-4-48 (month) (day) (year) emetery land & Sons	Autopsy results. PHYSICIAN: Please underline the cause 22. VIOLENCE: If death was due to extern Accident, suicide, or homicide Where did injury occur? (City or to Injured at home farm, industry, public plant Msens of Injury	to which death should be charged and causes, fill in the following; Date of Own) (County)	(State)
Add Co.	Hagersto +. 1948	10	aryland AHBousel Registrat	23. SIGNATURE Address.	M. D. o	- 1

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and FOR BINDING RESERVED MARGIN





APR 7 1948
BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Diat.		3	0	2	
10.	Dint.	No				

	Reg. Dist. No
1. PLACE OF DEATH: County City or town. City outside city or town/limits, write RURAL and give nearest town) How long in above place of death? Coursed: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME MARIA E. R	3. (b) Social Security Number NONE
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced FEMALE WHITE WIDOWED	MEDICAL CERTIFICATION 20. DATE DF DEATH. MEDICAL CERTIFICATION 20. DATE DF DEATH.
6,(b) Name of husband or-wife ACOB RELIEF	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	and that I last saw be alive on 19. Immediate cause of death
9. Birthplace / LITTERBURG WELLIATION MO. (Town, egonty, and state)	Due to.
10. Usual occupation	Due to
12. Name JOSEPH STRITE 13. Birthplace LEITERSBURG, MD.	Other conditions
14. Malden name: CATHERINE JESHER 15. Birthplace PENASYLVANIA	Major findings of operations
16. Informant. La Confidence Address Abgustown KT 7 St	Antopsy results
17. (Burlal, eremation, or removal, Which?) Date thereot (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Washington Country Md.	Where did Injury occur?
18. Funeral director	Means of Injury injured at work?
19 Mar 18 1948 Bleast Bowers (Date rec'd by registrar) Registrar	Address Date signed M.D. or other

ADING INK. Supply every item of Physicians: please write the causes

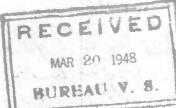
PLAINLY, WITH UNF is especially important.

PLEASE WRITE

BINDING

RESERVED FOR

MARGIN



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF STATE OF RE

Reg. Dist. No. 302

	A certificate must be filed within 24 hours for ever	y stil	birth of 20 weeks' gestation or more (see stub)
<u></u>	City or town Agges fown Good. (If outside city or town limits, write RURAL and give nearest town) Street address, hospital, or institution: Wash. Co. Sospi fall Length of mother's stay in County. (How many years, or months, or days. SPECIFY WHICH) Baby Girl Reynolds		USUAL RESIDENCE OF MOTHER: State Toparyland County Ivas Bing ton City or town Sages town (If outside city or town limits, write RURAL and give nearest town) Street No. 56 6. Ova Sh. St. (If RURAL give LOCATION)
	Name of child. Sex.) anale 6. Twin or triplet	11	Date of birth 20 and 91948. Hour. 11:55 Pm. No. of weeks pregnancy. 28
9.	FATHER OF CHILD Full name Hardel T. Roleinson Color W 10. Age at time of this birth. 33 yrs. Usual occupation Brake opents.	13.	Full maiden name Lace Della Bower Color W 14. Age at time of this birth 35 yrs. Usual occupation Louse write
16.	Other children born to mother (not including present child) (b) How many other children were born alive but are now dea		How many children of this mother are now living?
	Did child die before labor? During labor? Do Pregnancy, complications of NO.		Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes unknown
	Labor: (a) Complications of none (b) Induced? (a) Was there an operation for delivery? (Yes or No) (Yes or No)	22.	(b) Maternal causes unknown 2 Suppose the first of this child who was born dead* on the date and hour above stated.
	(c) Did child die before operation?	4	Signature of Robert Wello M. D., (Specify if M. D., midwife, or other) Address Hagers town, Mdd
	(a) (AZMACTION (b) Date thereof 3 -/0 - 48 (Darial cremation crematory (month) (day) (year) (c) Cemetery or crematory Wash Co. Hospit (a) Funeral director.	25. 26.	(a) (Date rec'd by registrar) (Registrar) (Registrar) (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
	(b) Address		Health Officer, per

* See Instruction C on stub.

MAR 20 1948

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

03187

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
COUNTY	111 0 1
(If outside city or town limits, write RURAL and give nearest town)	OURITY
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sadie Mystle. Ridenous	noul
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH MAT 3 194 6 av 2 3 1 M
6 11 Mary of bushed and Ruber. Ridge de Mary of	
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I strended deceased from
7. Birth date of 9,, _ /c years	
deceased (no. day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
73- 11 9min.	Gerella Just our y days
8. Birthplace la auctown md	Due to Ciry error - S clarons 1045
(Town, county, and state)	
10. Usual occupation / Laure Refining	Due to.
11, Industry or business	
12. Name Daniel, Dayluff.	AA
13. Birthplace Cavitorius Ind	Other conditions.
14. Maiden name Luciae Graley.	(Include pregnancy within 3 months of death)
	Major findings of operations
15. Birthplace / Lagerstown Osud	Date of op
18. Intermant Lybin Codewood	Autopsy results
Address leavetown	PHYSICIAN: Flease underline the cause to which death should he charged statistically.
1 Berrial 2- 5: 1948	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cromation, excessors Which) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide
Cometery operatory Amicasbug	Where did injury occur? (City or town) (County) (State)
Location Smith burg Prastic Go and	Injured at home, farm, industry, public place (where?)
1. DI Manuel	Means of injury Injured at work?
18. Funeral director	
Address Suithburg and	23. SIGNATURE 9. G / J offler
Mar 5 1848 Ses. M. Tenguson	M. D. or other
(Date rec'd hy registrar)	Address Jan Mars Our 9 Date signed 3 48



PLEASE WRITE PLAINLY,

1 PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1640 CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

03188

302 Reg. Diat. No.....

How long in above place Hospital, institution, or 60 Mad	erstown, outside city or town is of death? street address where ison Ave: r institution?	25 yes	and URAL and give nearest town) President	(For newborn infants give residence of mother) State Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No		
4. Sex	Curti 5. Color or race	8 E. (a) Sing	alley e, married, widowed, or divorced	MEDICAL (CERTIFICATION	0
Male	White	Di	vorced		20 148	9:20
6.(b) Name of husband		,	c) If alive, give ageyears	21. I CERTIFY that death occurred on the date a	above stated; that I attended do	eceased from19
8. AGE: Year	s Months	Days	It less than one day hrsmin.	Immediate value of death		
10. Usual occupation. 11. Industry or busines H 12. Name	Grocery Not Not Not	yman wn Sto Known Known Known	1	Due to Due to Unclude pregnancy within Major findings of operations. Autopay results PHYSICIAN: Please underline the cause to	3 months of death)	
Cemetery or cremat Location	Rose Hagers	town. uter &	med. 3-25-48 (month) (day) (year) Demetery Maryland Resons Maryland Registrat	23 sport of Robert he	(where?) Date of the country) 3.2 Injured at work? DEPUTY	MEDICAL EXAM. H. CO., MD.



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03189

Reg. Diat. No. 304

City or town. Han Cock (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? NeepHal, institution, or street address where death occurred:	City or town City or town limits, write RURAL and give nearest town) Street No City or town limits, write RURAL and give nearest town)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Nettie Norris Robeits 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE DE DEATH. 25 1948 31/2/00P.M
B.(b) Name of husband or wife Jeremiah Roberts	21. I CERTIFY that leath occurred on the date above stated; that I attended deceased from 400 18 1948, to may 25 1948.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw her alive on May 1948. Immediate cance of death DURATION
84 6 26hrsmin.	Chronic myockedets
9. Birthplace Piney Grove Allegany Co., Md.	Due to. Arterio Polerozis
10. Usual occupation. House wife	Due to Chrom Chephith.
11, Industry or business	V .
12. Name. James Norris 13. Birthplace Maryland	Dither conditions
E 14. Maiden name Maty Hansucker	(Include pregnancy within 3 months of death) Major findings ol operations
15. Birthplace Mary land	Date of op.
18. Informant Mxs, Nelson Clinger Man	Antopsy results
Address Blue Hill, Hancock Md.	22, VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof. May. 28, 1948 (month) (day) (year)	Accident, euicide, or homicide
cemetery or semalary Finey Plains Meth. Church	Where did injury occur? (City or town) (County) (State)
Location Piney Plains, Allegany Co., Md	Injured at home, farm, Industry, public place (where?)
18. Fugeral director. Charles R. Bast	Mesns of injury Injured at work?
Address Hancock, Md.	23. SIGNATURE DIDNIShaffe MD
19. (Ditte recki by registrar) 19. (Objet recki by registrar)	Address + au cock ma Date signed 3147/48

MAR 30 1948

information carefully of death clearly and

ADING INK. Supply every item of Physicians: please write the causes

RLEASE WRITE

BINDING

FOR

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03190

CERTIFICATE OF DEATH

leg. Dist. No. 302_

County Hagerstown, Maryland					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland. County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give neurest town)		
4.	or Institution?		prodr		2.(a) If veteran, name war		
3. (a) FULL NAM		ra A	Schlotterb	o a lz	3. (b) Social Security Number NONE		
4. Sex	5. Color or race	6.(a)Single.	married, widowed, or divorced	GCK	MEDICAL CERTIFICATION		
Female	White	Sin	ngle		20. DATE DE DEATH 3/14/48 18 18 18 18		
6.(b) Name of husband 7. Birth date of deceased (mo., day.	Manah	6.(c)	If alive, give age	years	21. I CERTIFY that death occurred on the date above stated; that I alfended deceased from 19		
8. AGE: Year		Days 5	If less than one day	min.	Immediate cause of death DURATION		
	agerstown (Town,,		t		Due to		
13. Birthpiace	Hagerston	wn. Ms	erbeck eryland er)Speilman		Other conditions		
E 14. maiden name	Anna R. Hagerstown	n. Mar	yland		Major findings of operations		
16. Informanf	Maurice Son	STITTORY	erueck		Autopsy results		
Burial Burial Date Thereof 3-15-48 (Burial, cremation, or removal. Which?)					22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory Funkstown Cemetery					Where did injury occur? (City or town) (County) (State)		
Location Funkstown, Maryland 18. Funeral director C. M. Suter & Sons Address Hagerstown, Maryland					Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE: M. D. or other		
19. (Date rec'd by n	15, 19.4-8 registrar)	47	essett Lowe	egistrur	Address Reguest Mario signed \$ 15/48		

MAR 17 1948

The thofthis child word word - was firstly to you move! -Wasner That Hisowers Loe. Reg

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MARYLAND STATE DEPARTMENT OF HEALTH.

2411 N. Charles St., Baltimore

Dr. Ditto 03191

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: county Washington	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Hazerstown (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Washington
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 10 Years	City or town
Hospitat, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town) Street No. 602 Guilford Ave
602 Guilford Ave	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MRS ANNA MARY SCHMIDT	None
4. Sex S. Cotor or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fenale White Married	20. DATE DF DEATH March 12 1948 19 21 4.30
6.(b) Name of husband or wife Lewis A.	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birth date of	2-1-44 19 10 3-12-48 and that I last saw - alive on 3-10-46 18
7. Birth date of deceased (mo., day, yr.) January 2 1874	
8. AGE: Years Months Days If less than onn day	Immediate vause of death
74 2 10hrsmin.	Cardy Viscola Sissen 440
9. Birthplace Hagers town Wash. Co. Md.	Due to
1D. Usual occupation. Housewife	
11. Industry or business OWN HOME	Due to
	Other conditions
12. Name Justus Heimel 13. Birthplace Germany	
	(Include pregnancy within 8 months of death)
14. Malden name Catherine Wagner 15. Birthplace Germany Lewis A. Schmidt	Major findings of operations
≥ 15. Birtholace Germany	
16. Informant Lewis A. Schmidt	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address H~gerstown Md.	
Burial (Burial, cremation, or removal Which?) Oate thereof. 3/15/48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Rose Hill Cemetery	Where did injury occur?
Location Hagerstown Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Andrew K. Coffman	Means of Injury Injured at work?
Address Hagerstown Md.	Al Colo
Maps 12 110 1 Gent Howner	23. SIGNATURE M. D. or other
(bate rec'd by registrar) Registrar	Address Date signed 3/3/1

MAR 18 1948

2411 N. Charles St., Baltimore

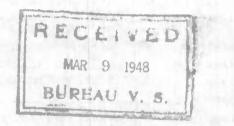
CERTIFICATE OF DEATH

1. PLACE OF DEATH: ·	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Washing tan	2	
(If outside city or town limits, write RURAL and give nearest town)	State Maryland County Washington	
	(If or town (If or town limits, write RURAL and give nearest town)	
How long in above place of death?		
Hospital, Institution, or street address where death occurred:	Street No. 943 Costat St	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
mary Ethel Sube		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	rt 2/9-20-1406	
0//	MEDICAL CERTIFICATION	4
Female White Married	20. DATE OF DEATH 5 Mar 48 19 21 //:/	A N
D	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(b) Name of husband or wife David Jersy Subleit	25 Rb 48 18 10 5 May 19	48
6.(c) If alive, give age	and that I last saw hex alive on 2 Mar 18.	40
7. Birth date of 7.44.	and that I last saw h.e.f. alive on 1500 1900 1900	kl
Become (III., Maj), 717	Immediate cause of death	TIDN
o. Auc.	Carcinoma Uterus 24	22
3.3 — 2hrsmin.		
9. Birtholace Thagerstown maryland	Bue to	
(lown, county, and acate)	906 10	,
10. Usual occupation House Wife		
10. Osual occupation	Due to	
11. Industry or business		
12. Name	Dther conditions	
12. Name Lewence 13. Birthplace		
# 14. Maiden name Virginia M. Willer	(Include pregnancy within 3 months of death)	
	Major findings of operations	
15. Birthplace Washington Co, ryd.	Date of op.	
1991.00	Antopsy results	
16. Informant D & State of L	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 943 Corbett St	22. VIOLENCE: If death was due to external causes, fill in the following:	
11		
11	Accident, suicide, or homicide	
Cemetery or crematory Pest Haven Cemetery	Where did injury occur?	
	Injured at home, farm, industry, public place (where?)	
Location Thaguestown myd.		
18. Funeral director Z. J. Reclie	Mesns of Injury Injured at work?	
1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	747 hu	
Address & unitedouty 199.	23. SIGNATURE SUBJECT	
Mars. 6. 48 Steast Bours	M. D. or other	47
(Date rec'd by registrar) Registrar	Address 2 30 NPotomac Date signed to May 9	

correct age WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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PLEASE



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore +620

03193

CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF I	DEATH: Washi	acton		2. USUAL RESIDENCE (HOME) ((For newborn infants give residence o	OF DECEASED:		
County	Hager			Slaie Maryland County Washington Hagerstown			
City or town	If outside city or town	mits, write RU	RAL and give nearest town)				
New long in shove of	lace of death?	50 ya	RAL and give nearest town)	(If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred: 840 Dewey Ave.				Streel No. 840 Dewey	Ave.		
				Streel No. (If rural, give LOCATION) World War 1			
How long in hospila	or Institution?		***************************************	2.(a) If veleran, name war World War 1			
3. (a) FULL NA	ME				3. (b) Social Security Number		
	Tho	mas E.	. Seibert				
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced	MEDICAL C	CERTIFICATION		
Male	White	Ma:	rried	20, DATE OF DEATH March 1	LO 48 5 p		
		Mame S	eibert	21. I CERTIFY that death occurred on the date a			
	and or wife				47,10 mar 10 104		
7 Right date of		6.(c)	If alive, give ageyears		mar. 10 194		
deceased (ma., d	ay, yr.) F.GD	ruary	22, 1888	Immediate cause of death			
8. AGE: Y	ears Months	Days	If less than one day	adenocarcino			
_	- 0			Descending Co			
Ne	ar Clears	pring	Wash. Md.		istases 1		
9. Birthplace	(lown,	county, and sti	ite)	UIE 10.			
16. Usual occupali	Guar	*************					
44 Industry on head	ness Md. Sta	te Ref	ormortory	Due to			
04	. Finiev	Seiber	t				
IZ. Name	Clearen			Other conditions			
13. Birlhplace	Ella Ha	_		(Include pregnancy within			
E 14. Maiden na				Major Sadings of operations Carces	nomadbecendu		
15. Birthplace	Clearspri	ng Ma	•	Colon with met	astas 01 op 5/17/4		
12 later Mr	cs. Mame S	eibert		Antonay results.			
				PHYSICIAN: Please underline the cause to	which death should be charged statistically.		
			March 13, 1948	22. VIOLENCE: If death was due to external c	auses, fill in the following;		
Dur'18	tion, or removal. Which?	Dale thereo	March 13, 1948 (month) (day) (year)	Accident, suicide, or homicide	Oate of		
	Rose	Hill	Cemetery	Where did injury occur?(City or town			
Gemelery or cres	Hagerst		***************************************				
Location				Injured at home. farm, industry, public place (
tB. Funeral directo	Scott F.	Minni	ch & Son	Msens of lajury	Injured at work?		
Address	Hagerstow	n Md	•	510	· P. P.		
700		, 14	0 1/12 MAD	23. SIGNATURE C. ATTOC	M. D. or other		
15 Raso,	y registrar)	JOK.	an il man	Happenter.	m md Date signed 3/12/4		
(Date rec'd b	y registrar)		Registrar	II Address.	K		

MAR 16 1948

2411 N. Charles St., Baltimore

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VS A15

03194

CERTIFICATE OF DEATH

Rev. Diat. No. 302

			0211111011	2 01 352.1111	Reg. Diat. No	
City or fown(If How long in above plac Rospital, Institution, o	e of death?	town mits, write R 4 death occurred	St. R. Seward	City or town (If outside city or town lir 792 Frede	of mother) County Washingto:	nearest town)
Male Male	5. Color or race White	6.(a)Single	e, married, widowed, or divorced	MEDICAL 20. DATE OF DEATH March	CERTIFICATION 8 1948	1:30p
Bessie D. B.(b) Name of husband or wife Bessie D. 6.(c) If allive, give age years 7. Birth date of deceased (mo., day, yr.) January 5, 1882			, 1882	21. I CERTIFY that death occurred on the date above etated; that I altended deceased from		
8. AGE: Yea 66	2	Daye 3	If lese than one dayhrsmin.	(/Aremin		4-514
Sudlersville Queen Ann Md. S. Birthplace (Town, county, and state). Painter 10. Usual occupation Self 11. Industry or business Self 12. Hame Richard Seward 13. Birthplace Centerville Md.				Oue to	carsia.	year
13. Birthplace	Sarah Us Cemtervi	siltor		Major findings of operations.	1 gran	
Bessie D. Seward Address Hagerstown Md.				Autopsy results		
Remova (Burial, eremation Cemetery or crema	n, or removat. Which? Philos	3 Ceme	March 10.1948 (month) (day) (year) tery	Where did injury occur?(City or tow	Date of (County)	(State)
Location Westernport Md. 18. Funeral director Scott F. Minnich & Son Hagerstown Md.				Injured at home, farm, Industry, public place Meene of Injury 23 SIGNATURE A D A	injured at work?	D. or other
19. (Date rec'd by r	7 19 4 8	-01	Registrar	Address Hoguste	sen, had Date signi	JAach 1

MAR 11 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

(13195 Reg. Dist. No. 302

1. PLACE OF DE	Washing	on		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town	Hagersto	own I	RD. 4	State Md.			
(lf	outside city or town li	55 Ve	RD. 4 RAL and give nearest town)	City or town Hagerstown RD. 4 (If outside city or town limits, write RURAL and give nearest town) RD. 4			
Hospital, Institution, o	or street address where	death occurred:					
Hag	gerstown 1	RD. 4		(If rural, s	give LOCATION)	***************************************	1+00-01-00-01-01-01-01-01-01-01-01-01-01-0
How long in hospital	or Institution?		***************************************	2.(a) If veteran, name war			
3. (a) FULL NAM		ard E.	Shank		3. (b) Social	Security Nu	mber
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced	MEDICAL	CERTIFICAT	ION	
male	white	ma	arried	20. DATE OF DEATH	n 30	19 48	11:55a
6.(6) Name of husband 7. Birth date of deceased (mo., day,		1ve A. 6.(c)	If alive, give age	21. I CERTIFY, that death-occurred on the date	above stated; that I at	sended deceased	d from
8. AGE: Yea		Days	It less than one dayhrs min.	Immediate cause of death	/ a J		,
	Fa:		Vash.Co., Md.	Due to			
11. Industry or busine	Dans	el Shar	nk		/	. /	
12. Name		ersburg		Other conditions of the condit	level &	sad	24,0
ec	Clare	Spess		(Include pregnancy within			1
14. Malden name	6		Md.	Major findings of operations.			
	Mrs O'		Shank	Autopsy results			
16. Informant			D.4 . Md.	PHYSICIAN: Please underline the cause to	o which death should l	ie charged sta	tistically.
	rial		4-2-48 (month) (day) (year)	22. VIOLENCE: 11 death was due fo external Accident, suicide, or homicide	Da	te of	
Cemetery or crema	atory Rose	H111 (Cemetery	Where did Injusy occur?(City or tow	vn) (Count	у) (!	State)
Location	Hage	rstown		Injured at home, farm, Industry, public place			
		F. Mini	nich & Son	Mesns of Injury	tnjured at	work?	
Address A	Hagers			Sterley	and I	2	
Ofer ree'd by	2, 1948 registrar)	She	AH Bours	Address Ages A	Ems).	M. D. or	1 19/11/15/

APR 5 1948

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The colin is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS A15

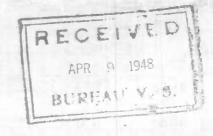
MARYLAND STATE DEPARTMENT OF HEALTH

03196 3

MARILAND DIATE DELINITING OF THE
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATI	CERTIFICATE	OF DEAT	H
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		,					
_Br	shington g Sprin	g, Md	•	2. USUAL RESIDENCE (HOM (For newborn infants give reside Maryland State	County Washingto	on	
(If outs	death?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	URAL and give nearest town)	City or town Big Spring, Md. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rurol, give LOCATION)			
.00000000000000000000000000000000000000							
How long in hospital or in	etitution?		······································	2.(a) If veteran, name war			
3. (a) FULL NAME	Earl	Leon	Small	1	3.(b) Social Security 217-100-1	Number 55	
41 004	White		narried, widowed, or divorced ried		L CERTIFICATION larch 18, 1, 48	, at 3 A.	
8.(b) Name of husband or			all i) If alive, give ageyears		19 \$ 8 to Mar	18 4 8 19 4 8 19 4 8	
7. Birth date of deceased (mo., day, yr.)	Octobe			and that I last saw hardenalive on		DURATION	
8. AGE: Years 4 9	Months 4	Days 23	if less than one dayhrsmin.	Immediate cause of death	and Failure	2 days	
9. Birthplace 1B. Usual occupation	Far	ton County, and mer	o Md.	Quota Diabetes Quota Duoto	Mellitus mi Coma.	Hyears	
11. Industry or business 12. Name	arry S. Wash. C			Dther conditions			
14. Maiden name	Anna E. Nash. Co			(Inclode pregnancy wi			
16, Informant	Mrs Naon ig Sprin		***************************************	Autopsy results			
Burial (Burial, cremation, o	r removai. Which?)	Date ther	Mar. 20, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to exte	Date of		
Cemetory or crematory.	Rose	Hill	Cemetery	Where did injury occur?(City or	town) (County)	(State)	
Location	Clear	rspri	ng, Md.	Injured at home, farm, Industry, public p			
	Snyder Hancoc	-Row	and .	Means of injury	Injured at work?	m)	
19. March 2	W 1948	· St	replie Mun	23. SIGNATURE David	ring Mg Dato signed	os ether	



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

CERTIFICATE OF DEATH

03197

Reg. Diat. No. 3

1. PLACE OF D	EATH: hington			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)					
City or town Ha	gerstown		AL and give nearest town)	statMaryland		ton			
(If	outside city or town lin	nita, write RURA	AL and give nearest town)	Hagerstown					
How long in above place	ce of death? or etreet address where d	eath occurred:	ears	. (If outside city or town	(If outside city or town limits, write RURAL and give nearest town)				
				Street No. 655 S. Poto		******************************			
	or institution?			(4,14,14)	(If rural, give LOCATION)				
3. (a) FULL NAM					3. (b) Social Secu				
0. (0) 2 0 222 11111	Florence	Esther	r Tosten		None	rky Number			
4. Sex	5. Color or race		rried, widowed, or divorced	MEDICAL	L CERTIFICATION				
Female	White	Marr	ied	20. DATE DE DEATH MONE	254 14	8 11030Pm			
	d or wife Howar			21. I CERTIFY that drath occurred on the de					
**********************			ative, give age49 year		18. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	19. 19			
7. Birth date of deceased (mo., day	yr.) Oct.	25. 190	00			19A			
8. AGE: Yea			If less than one day	Immediate cause of death	mo utez	DURATION 9 his			
4	7 5	0	hrsmlı	10					
9. BirthplaceW.C	lsh Run F	ranklin	Penna.	Due to					
	Housewi				***************************************	**************************************			
11. Industry or busine	A to VH			Due to		***************************************			
		sford				***************************************			
12. Name RO	Welsh R								
	Sally S	m d d la	-3//	(Include pregnancy wit	hin 3 months of death)				
14. Malden name				Major findings of operations					
	Welsh				Date of op	•••••			
	rs. Ella			Autopsy results					
Address	illiamspo	rt, Md.		PHYSICIAN: Please underline the cause		rged statistically.			
17 Bur	ial n, or removal. Which?)	Bate thereof A	March 29, 1941 (month) (day) (year)	22. VIOLENCE: If death was due to exteri	and the same of th				
	tory St. Pau			Where did injury occur?(City or to	own) (County)	(State)			
Location Nea	r Clearsp	ring, Mo	1. on Rt. 40	trijured at home, farm, industrig public pla	nce (whero?)	•••••			
18. Funerat director	Mrs. Edit.	h V. Le	eaf	Means of Injury	tnjured at work?				
	lliamspor			Mile X	Moleona le	D			
19. // (Dute rec'd by r	28. 1948 egistrar)	pha	Afflower Registra	23. SIGNATURE Address Hags oform		D. or other			

THE REPORT OF TAXABLE PARTY OF TAXABLE PARTY.

MAR 30 1948
BUREAU V. S.

2411 N. Charles St., Baltimore

03198

CERTIFICATE OF DEATH

			3	0	2
Reg.	Dist.	No			

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town Street No. (If rurol, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Windowed	MEDICAL CERTIFICATION 20, DATE DF DEATH. 3/5 A.
8. AGE: Years Months Days If less than one day Mrs. min.	and that I last saw h / All alive on MITTER 1972 Immediate cause of death BRONG OFNEW MONIA 3 AFYS
9. Birihplace	Due to
12. Name Sout Know	Other conditions PERITONITUS Following RUPTERSO APPENDIX
14. Maiden name 15. Birthplace 16. Informant Mas Marie Miller	(Include pregnancy within 3 months of death) (Include pregnancy within 3 months of death) Major findings of operations GANGRENOGS APPENCICLTIS WITH PERILONITIS Date of op. 2/26/48 Autopay results. NONE PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 322 4 Level To Dale thereof Market (Burlal, cremation, or removal, Which?) Cemetery or crematory	22. VIOLENCE: 14 death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Lellacon Francial House Address 2008 arleans of 19. 316 (Date rec's by registrar) 19. Registrar	Moens of Injury Injured at work? 23. SIGNATURE. Sand Sha Sand M. D. or other M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15M VS A15

PLEASE

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH: Washington County. City or town Hagerstown, Maryland. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Washington County Hospital How long in hospital or institution? 2 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Baltimore Clity or town Glyndon (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Jose Encelan Vera	3. (b) Social Security Number 180-18-5085
Male Filipino Married	MEDICAL CERTIFICATION 20. DATE OF DEATH March 20, 19 48 at 5:42P
8. (b) Name of husband or wife Mildred Irene Vera 6. (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 45 3 22hrs. min.	21 FOERTIFY that death occurred on the date above stated: that Lastended deceased from 19. F. to though 20 19. F. 8 and that I last eaw h
9. 8lrthplace	Due to Ayperfronter Cario - ot Season Due to. Due to. Due to. Other conditions Qualetes melloque 2 hours.
t4. Malden name Encelan t5. Birthplace Unknown	(Induced pregnancy within 3 months of death) Major findings of operations. Date of op.
Address Glyndon, Maryland. Burial Date thereof March 24, 1948 (Burial, cremation, or removul. Which?) Cemetery or crematory Salem Reform Cemetery	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
tocation Near Cearfoss, Maryland. 18. Funeral director Fred W. Kraiss Address Hagerstown, Maryland. 19. May 24. 19. Lash Source (Date rec'd by registrar) (Date rec'd by registrar) Registrar	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work? 23. SIGNATURE M. D. or other



A15 AS correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03200

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	State Md County Washington
City or town	State
How long in above place of death? 5 4200	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Kose Bestree Wa	egaman
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
E W. W.	
F. W. W.	20. DATE OF DEATH 22 Harch 19.48 31.4:45 P.M
8.(b) Name of husband or wife Harry Wagaman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Sep Yamler 18 47 19 22 Harch 18 48
7. Birth date of	and that I last saw h C.R. alive on 22 Harch 1846
deceased (mo., day, yr.) Oct. 15, 1878	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	Cardiac Decompensation
69 5 7hrsmin.	A
Laliala intle and	De Verie harris Garate of
9. Birthplace Sabilla (Town, county, and state)	oue to arteris subroses, gansalizately
10. Usual occupation House Duties	The place
	Oue to. Habethes
11. Industry or business	
12. Hame John Hall 13. Birthpiace Leman	Other conditions
₹ 13. Birthpiace Demand	(Include pregnancy within 3 months of death)
14. Malden name Susan he, Clain	
0 000 000	Major findings of operations.
El 15. Birthpiace Sabillasville, Md.	
16. Informant Mass C. R. Mc, Classi	Autopsy results
Address Cascado med	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 : 3/26/40	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
B - H 0 (0	Where did injury occur?
Cemetery or crematory.	
Location Mean Cascade Mo	Injured at home, farm, Industry, public place (where?)
18. Funeral director Walten y Grove	Meens of Injury Injured at work?
2-00/01/1/10	1 1 1 1/1. 11.
Address I T. Church St., Maynesboro Ta.	23. SIGNATURE / Obest A: /Ka / M. D.
10 Mar 24 1044 Let M. terqueon	M. Dorother
(Date rec'd by registrar)	Address Bare Vally & Lummil a Date signed 2 2 March

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MAR 26 1948

BUREAU V. S.

information carefully of death clearly and

BINDING

FOR

RESERVED

MARGIN

PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

PLEASE WRITE

A15 S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03201

Registrar Address Addr

CERTIFICATE OF DEATH

Reg. Diat. No. 302

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother) State		
How long to hospital or institution? 3 hours 2.(a) If veteran, name war			
3.(a) FULL NAME Walter Thomas Walker	3. (b) Social Security Number 214-09-1873		
	cal Certification ch 22 18 48 12:55a		
8. (b) Name of husband or wife Ethel Walker 21. I CERTIFY that death occurred on the	he date above stated; that I attended deceased from		
T. Birth date of deceased (mo., day, yr.) September 26, 1881 R. A.G.E. Years Months Days If less than one day Immediate course of death.	DURATION DURATION		
9. Birthplace. Cambridge, Dorchester Co., Md. 10. Usual occupation. Carpenter 11. Industry or business Luther Wiles Contractor 12. Name	2 [4]26/48-alce]		
13. Birthplace Cambridge, Md. (Include pregnancy 14. Maiden name Miranda Gillis 15. Birthplace Cambridge, Md.			
Actopsy results. Address Hagerstown, Md. 17. burial Date thereof 3-25-48 (Burial, cremotion, or removal, Which?) Cemetery or crematory. Rest Haven Cemetery. Mrs. Ethel Walker Actopsy results. PHYSICIAN: Please coderlice the ca	ause to which death should be charged statistically. Internal causes, fill in the following: Oate of		



MARGIN RESERVED FOR BINDING

AS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 874

03202

CERTIFICATE OF DEATH

302

	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State	
	3. (a) FULL NAME	3. (b) Social Security Number	
	man Ellan 11100	house	
	4. Sex 5. Color or race 6.(a) lingle, married, widowed, or divorced	MEDICAL CERTIFICATION	
	Daniele White Married	Mar. 1 2 1/14	P
ľ	2		
l	6. (b) Name of husband or wife Darry C. Weaver	21. I CERTIFY that death occurred on the date above stated; that I attended disceased from 2004 4 19.47, to 2005.	40
l	6.(c) If alive, give ageyears	and that I last saw her alive on may 2 19.	
١	7. Birth date of deceased (mo., day, yr.) 2 annu - 19 - 1875		
ı	8. AGE: Years Months Days If less than one day	Immediate cause of death DURA	1/44
1	7.3 1 1 13hrsmin.		
	· Birtholace Booustus Wash, Co. md.	arlenoscleroris ?	************
	9. Birthplace	que to	
Ì	19. Usual occupation.	Que to	
l	11. Industry or business Tura Thomas		
l	= 12, Name Hillary P. Rynch	Other conditions	
l	13. Birthplace Brown Lorent Co. md.	(Include pregnancy within 3 months of death)	
1	# 14 Maiden name Mary Direct		
ı	[8] NA (TAN > 1 A 1941)	Major findings of operations.	
l	The state of the s		
I	16. Informant tours to laure	Autopsy results	***************************************
ı	Address 128. 12 St. Lagerstone md	22. VIOLENCE: If death was due to external causes, fill in the following:	
l	17. (Burial, cremation, or removal, Which?) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide	
ı	A A Ata		
ı	Cemetery or crematory S Downston Clausely	Whers did Injury occur?	
	Location 12 Doustons Md'	Injured at home, farm, Industry, public place (where?)	
	18. Funeral director CUM 3. Bast & Sons	Mesns of Injury Injured at work?	
	Address Bornsloso grd.	23. SIGNATURE H.S. Porterfield M.D.	
	mar, 5. 48 lokar#12ower	M. D. or other	148
1	Registrer	Address 136 W W ashington Bate signed 3/3)	1.0

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MAR 8 1948

BUREAU V. S.

			E OF DEATH	Reg. Diat. No. 302
How long in above plates the Hospital, Institution,	ashington AGE RS If outside city or town li ace of dealh? or street address where in the ton Co	Town Md. Route 40 mits, write RURAL and give nearest town) death occurred: untyl Hospital omounced at hospital	City or town Rural Hanc (If outside city or town limits Hancock, Md., (If rural, give	ock, Md. ock, Md. write RURAL and give nearest town) RD2 LOCATION)
3. (a) FULL NA	ME	omer Ernest Weller		3. (b) Social Security Number 218-01-1856
4. Sex Male	5. Color or race White	8.(a)Single, married, widowed, or divorced Divorced		ertification
B.(b) Name of husba 7. Birth date of deceased (mo., d:	July	6.(c) If alive, give age years 24, 1908	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended deceased from to 19 4 19

8.	AGE:	Years	Months	Days	If less than one	day
		39	7	24	hrs.	m
9	Rirthniace.	Was	hington	Coun	ty, Md.	

Employee of Victor Prod. 10. Usual occupation.

tt. industry or business

Albert L. Weller Washington County, Md. t3. Birthplace

Hester Ann Younker t4. Malden name

t4. Malden no 15. Birthplace Washington County, Md.

Roger E. Weller 16. informant. RD2 Hancock, Md. Address

Mar. 23-48 (month) (day) (year) t7 Burial (Burial, cremation, or removal, Which?) Date thereof.....

Cometery or crematory Stone Bridge Dunkard Cem

Near Sylvan, Pa.

Snyder-Rowland Funeral Home Hancock, Maryland.

(Date rec'd by registrar)

Injured at home, farm, Industry, public place (where?) ..

Means of injury

(Include pregnancy within 3 months of death)

PHYSICIAN: Please undertice the cause to which death shoold be charged statistically

M. D. or other

tnjured at work?

MARGIN RESERVED FOR BINDING WITH UNF PLAINLY, V

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

ADING INK.

WRITE

PLEASE

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MAR 26 1948
BUREAU Y 9

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Yeager (1321)4

Reg. Dist. No. 302

1. PLACE OF DEATH: County Washington City or town Important City or town Important City or town limits, write How long in above place of death? 28 Years Hospital, institution, or street address where death occurred 125 King St. How long in hospital or institution?	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State Maryland Con City or town Hegerstown (If outside eity or town limits Street No. 125 King St (If rural, give 2.(a) If veleran, name war.	s, write RURAL and give nearest town)
3. (a) FULL NAME JOHN EDWARDW	HITE Sr.		3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Singst	e, married, widowed, or divorced		ERTIFICATION
S,(b) Name of husband or wife Emma V.) It alive, give ageyears	21. I CERTIFY that teath occurred on the date abo	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days 98 5 17	15,1849 It less than one day	Immediate cause of death.	disc DURATION
9. Birthplace Hagerstown Was (Town, Sunty, and) 10. Usual occupation Mechanic		Due to	Talure Eday
11. Industry or business Retired 12. Name		Other conditions	
14. Maiden name Margarett Bu 15. Dirthpiace Hagerst own		(Include pregnancy within 3 major findings of operations.	······································
Miss Hattie Wh Address Hagerstown Md.	lte	Antopsy results	
Burial Date ther (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Contact Hagerstown Md.		22. VIOLENCE: It death was due to external cau Accident, suicide, or homicide	(County) (State)
18 Funeral director Andrew K. Co. Address Hagerstown Md.		Means of Injury 23. SIGNATUS W. Aforcor	Injured at work?

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MAR 5 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

03205

CEPTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	Collians 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Lufact.	MEDICAL CERTIFICATION 20. DATE DF DEATH. MEDICAL CERTIFICATION 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months Days It less than one day O this control of the control of	21. LERRIFY that death occurred on the date above stated: that I attended deceased from 2 T 18. IT to Murch 19 19 4 2 and that I last saw have alive on 18. 4. 5 Immediate cause of death Managaria DURATION 2 Y 19. 4
9. Birthpiace	Due to.
11. Industry or business 12. Name	Dither conditions Sapata
14. Maiden name. Holia Hazel Williams 15. Birthplace Height Lown.	(Include pregnancy within 3 months of death) Major fieldings of operations
Address William Port Md.	Actorsy resofts
17. (Burial, cremation, or removal. Which?) Cemetery or crematory. Date (hereof	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. Halliam # Dawners	Injured at home, farm, industry, public place (where?)
19. May 20. 19. 48 HastHaweb (Date rec'd by registrar) Registrar	23. SIGNATURE Robert 7.16adle M. D. or other Address 13 Z W. Wash 5+ Date signed 3-19

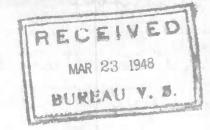
FOR BINDING RESERVED MARGIN UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

PLAINLY, WITH UNF is especially important.

WRITE

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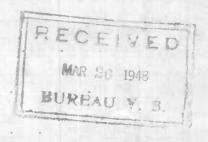


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03206

CERTIFICAT	TE OF DEATH Reg. Dist. No. 204
1. PLACE OF DEATH: Washington Rural Hancock City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Route 40 Park Head Level How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington Rural Hancock (if outside city or town limits, write RURAL and give nestest town) Street No. Hancock, Md. R. D. 2 (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Harry E. Younker	3. (b) Social Security Number 220-09-9296
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married Married	MEDICAL CERTIFICATION 2D. DATE OF DEATH March 19-45 19 11 64
5.(b) Name of husband or wife 5.(c) If allive, give age	and that I last saw h
Mary Hull 15. Birthplace Wash. Co. Md. 16. Informant Hancock R. D. #2	(Include pregnancy within 3 months of death) Major findings of operations
Burial Burial Burial Burial Bate thereof Mar. 23, 194 (Burlal, cremation, or removal, Which?) Cemetery or crematory Hancock R.D. #2 Location Snyder-Rowland Address Hancock, Md Address Hancock, Md Chaff rec(d by registror) Registral	Accident, suicide, or homicide. Where did injury occur? A



CERTIFICATE OF DEATH

Reg. Dist. No. 302

				a HOULT DECIDENCE (LICARIE)	DE DECEASED.
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) (For newborn infants give residence o	f mother)
County Washington			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State Maryland c	Washington Washington
City or town			RAL and give nearest town)	City or fown Hancock R D (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or		e death occurred:		street No. Sylvan Roa	d re LOCATION)
How long in hespital o	r Institution?	3 hou	rs	2.(a) If veteran, name war	
3. (a) FULL NAM	E]	Lloyd W	illiam Younker		3.(b) Social Security Number 220-03-3867
4. Sex	5. Color or race	6.(a)Single	married, widowed, or divorced	MEDICAL O	CERTIFICATION
Male	White		arried	20. DATE OF DEATH March 19,	1948 19 11/1
	Mile	ired F.	Younker	21. I CERTIFY that death occurred on the date a	bore stated; that I affended deceased from
B.(6) Name of husband	9f WIIC		• 0.1.1.1.00 H 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	March 19-45	211-15-4/-19
7. Birth date of	Oet	ber 6,	If alive, give ageyears	and thal I last saw h	Mar 15-4A 18
deceased (mo., day.	yr.)	•		Immediate cause of death	DURATION
8. AGE: Year:	_	Days 13	If less than one day		
0.1		10	hrsmin.	- Frenchisco III	lana,
	ss Harry E	Younl	Victor Product ver unty, Md.	Other conditions.	ms i
nd 13. Birthplace				(Include pregnancy within	3 months of death)
f4. Malden name	Floren	ce mye	inty, Md.	Major findings of aperations	
15. Birthplace	Washing	ton Coi	inty, Md.		Bale of op
16. Informant	s. Mildineock,	L		Autopsy results	which death should be charged statistically.
17 Buria (Burial, cremation	n, or removal. Which	Bate there Bridge	of Mar. 23-48 (month) (day) (year) Cemetery	Accident, suicide, or homicide	Date of (State)
	Svlvan.	ra.		Injured af home, farm, industry, public place	(where?)
Location			nd Funeral Home		cucla mjured at work?
f8. Funeral director Address	Hancoc			1 51	10th T.C.
19. Mars. 22, 19 48 Chart Sowers (Date ree'd by registrar) (Date ree'd by registrar)			ost Bowers	23. SIGNATURE	M. D. of other Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly. I MARGIN RESERVED FOR BINDING

The correct age

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